

**KILLED LARGE WILD GAME**

A. Filled in by a trained person with regard to each wild game specimen in the place of hunting

Confirmation No: .....

Hunter's name and address: .....

Wild game species: .....

Date of killing: .....

Time of killing: .....

Hunting district: ..... Hunting permit No: .....

No abnormal behaviour was observed before killing.

I confirm that neither infectious animal disease control restrictions nor quarantine apply in the wild game hunting district.

The wild game carcase and removed intestines were controlled and nothing abnormal was observed.

Date of initial control: .....

Wild game handling destination address: .....

Name and signature of initial controller: .....

B. Filled in by an official veterinarian with regard to a wild game carcase in the handling premises

I confirm that the skinned wild game carcase described in part A is without pathological findings.

Number and net mass of carcasses or cuts: .....

Official veterinarian's name and signature: .....

Official veterinarian's stamp: .....

Date of veterinary control: .....

Name of trichinosis sampler, name of analyser, date of analysis, and number of the test report:

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