

Annex 2 to Regulation No 74 of the Minister of Agriculture on hygiene requirements for handling small quantities of killed wild game carcasses and carcase cuts

KILLED SMALL WILD GAME

A. Filled in by authorised veterinarian or the trained person in the place where hunting took place

Confirmation No:

Hunter's name and address:

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Date of killing:

Hunting district: Hunting permit No:

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Species:

Quantity:

Time of killing:

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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.

Date of initial control:

Wild game handling destination address:

Name and signature of initial controller:

B. Filled in by authorised veterinarian in handling premises

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

Number and net mass of carcasses:

Authorised veterinarian's name and signature:

Authorised veterinarian's stamp:

Date of veterinary control:

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