

## This form is reserved for use by veterinarians involved in the Paris 2024 Olympic and Paralympic games

This form concerns the declaration of temporary provision of services for the Paris 2024 Olympic and Paralympic Games, to be submitted to the Ordre National des Vétérinaires prior to any veterinary act in France, in accordance with article L.241-3 of the French Rural and Maritime Fishing Code, Articles 16 et seq. of Directive 2006/123/EC of the European Parliament and of the Council of December 12, 2006 on services in the internal market, and Articles 5 et seq. of Directive 2013/55/EU of the European Parliament and of the Council of November 20, 2013 amending Directive 2005/36/EC on the recognition of professional qualifications.

Please send this completed form with the requested supporting documents by E-mail : [contact@ordre.veterinaire.fr](mailto:contact@ordre.veterinaire.fr)

### 1. IDENTITY OF APPLICANT

1.1  Female  Male

1.2 NAME : ..... FIRST NAME(S) : .....

1.3 NATIONALITY : .....

1.4 PASSPORT NUMBER and COUNTRY OF ISSUANCE : .....

or

IDENTITY CARD NUMBER : .....

1.5 Date of Birth : \_ \_ / \_ \_ / \_ \_ \_ \_ (dd/mm/yyyy)

1.6 City and country of Birth : .....

1.7 CONTACT DETAILS IN COUNTRY OF ESTABLISHMENT : please provide a valid address

.....  
.....  
.....

1.8 Phone number (with country code) : \_ \_ \_ \_ \_

1.9 E-mail : .....



### 3. PRACTICE OF THE VETERINARY PROFESSION UNDER THE REGIME OF TEMPORARY PROVISION OF SERVICES IN FRANCE

**3.1 MANDATORY :** Please detail the nature of your professional veterinary activities in France for the Paris 2024 Olympic and Paralympic games.

**Dates :** May 1st, 2024 to September 30th, 2024

**Address :**

**Nature of professional veterinary activities including cared for species, clients quality (breeders, animal owners, national or international professional sports associations, at the request of another veterinarian...)**

**3.2 Have you been granted health authorization by the French State so that you can carry out certain acts such as animal health surveillance (Article L.203-1 of the of the French Rural and Maritime Fishing Code) ?**

YES

NO

*If answer is yes, please provided which administrative authority issued the authorization as well as the date of issuance :*

**3.3 Have you carried out veterinary provision of services in France in previous years?**

YES

NO

*If answer is yes, please provide dates and area :*

**3.4 Please provide information about the insurance with regard to professional liability arising from the pursuit of the veterinary profession**

**Name of the insurance company :** .....

**Number of contract :** .....

**Limit of indemnity :** .....

**3.5 Does your insurance cover include protection for your veterinary practice in France ?**

YES

NO

## 4. DOCUMENTS TO BE ATTACHED TO THE DECLARATION

### 4.1 Following documents are mandatory:

- Proof of nationality
- Less than 3 months old attestation that the holder is legally established in another country to carry out veterinary activities and that, when the attestation is issued, he is not subject to any ban, even temporary, from carrying out veterinary activities.
- Evidence of professional qualifications

*In case of doubt, the National order of veterinarians may request any supporting documents*

## 5. PERSONAL DATA

- I authorize the National order of veterinarians to use my personal data within the framework of the regulation (EU) 2016-679 of the european parliament and of the council of april 27, 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)***

## 6. SIGNATURE

- I declare on my honor the accuracy of the information provided in this declaration and undertake to respect the provisions of the veterinary code of ethics applicable in France.***

Date .....

Signature .....