SCHEDULE

Regulation 8

Identification Document For Registered Equidae

PASSPORT

General instructions

- **I.** Passports must contain all instructions needed for their use and the details of the competent authority which issued them.
 - II. Information shown on passports.
 - A. Passports must contain the following information —
 - 1. Section I:

Owner

The name of the owner or his agent must be stated.

2. Sections II and III:

Identification

The equid must be identified by the competent authority.

3. Section IV:

Recording of identity checks

Whenever laws and regulations so require, checks conducted on the identity of the equid must be recorded by the competent authority.

4. Sections V and VI:

Vaccination record

All vaccinations must be recorded in Section V (equine influenza only) and in Section VI (all other vaccinations).

5. Section VII:

Laboratory health tests

The results of all tests carried out to detect transmissible diseases must be recorded.

6. Section IX:

Medicinal Treatment

Part I and Part II or Part III of this Section must be duly completed in accordance with the instructions provided for in this Section.

B. Passports may contain the following information —

Section VIII:

Basic health requirements

Section VIII states the basic health requirements.

It lists the diseases which must be noted on the health.

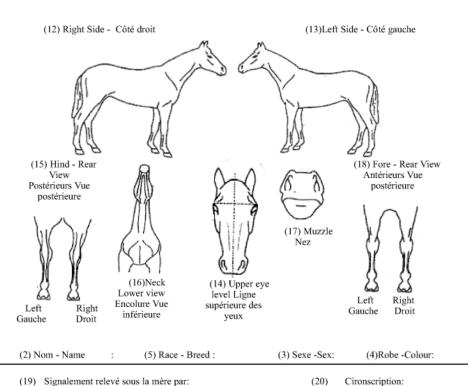
SECTION I

Détails de droit de proprieté	du cheval est celle de son	En cas de changement de propriétaire, le passeport doit être immédiatement déposé auprès de l'organisation, l'association ou le service officiel l'ayant délivré avec le nom et l'adresse du nouveau proprietaire afin de le lui transmettre après réenregistrement.	S'il y a plus d'un propriétaire ou si le cheval appartient a une société, le nom de la personne responsable pour le cheval doit être inscrit dans le passeport ainsi que sa nationalité. Si les propriétaires sont de nationalités différentes, ils doivent préciser la nationalité du cheval.	Lorsque la Fédération equestre internationale approuva la location d'un cheval par une Fédération equestre nationale, les détails de ces transactions doivent être enregistrés par la Fédération equestre nationale interessée.	Cache de l'organisation, association ou service	officiel et signature	Organisation, association or official	agency stant and signature			
Détails de c	Pour les compétitions, la nationalité du cheval est celle de son propriétaire.	En cas de changement de propriétaire, le passeport doit être immédiatement déposé auprés de l'organisation. l'association ou le service officiel l'ayant délivré avec le nom et l'adresse du nouveau proprietaire afin de le lui transmettre après réenregistrement.	S'il y a plus d'un propriétaire ou si le cheval appartient a une soc le nom de la personne responsable pour le cheval doit être inscri le passeport ainsi que sa nationalité. Si les propriétaires sont de nationalités différentes, ils doivent préciser la nationalité du che-	Lorsque la Fédération equestre internationale approuva la location d'un cheval par une Fédération equestre nationale, les détails de ce transactions doivent être enregistrés par la Fédération equestre nationale interessée.	Signautre du propriétaire	Signature of owner					
	 Pour les con propriétaire. 	2. En cas imméd service proprie	3. S'il y a le nom le pass nations	4. Lorsqu d'un ch transac mations	Nationalité du propriétaire	Nationality of owner					
	rse is that of its owner.	intely be lodged with ency, giving the name and forwarding to the	ned by a company, then we must be entered in wners are of different y of the horse.	wes the leasing of a lls of these transactions tion concerned.	Adresse du propriétaire	Address of owner					
Details of ownership	For competitive purposes, the nationality of the horse is that of its owner.	On change of ownership the passport must immediately be lodged with the issuing organisation, association or official agency, giving the name and address of the new owner, for re-registration and forwarding to the new owner.	If there is more than one owner or the horse is owned by a company, then the name of the individual responsible for the horse must be entered in the passport together with his nationality. If the owners are of different nationalities, they have to determine the nationality of the horse.	When the Federation equestre internationale approves the leasing of a horse by a national equestrian federation, the details of these transactions must be recorded by the national equestrian federation concerned.	Nom du propriétaire Name of owner						
	For competitive purp	On change of owners the issuing organisati and address of the ne new owner.	If there is more than the name of the indiv the passport together nationalities, they hav	When the Federation horse by a national er must be recorded by	Date d'enregistrement par l'organisation, l'association ou le	service official Date of registration, by	the organisation, association or	omeiai agency			
	1.	7	₆	4.	Data pa	Date	=				

SECTION II

(1)	No d'identification:					
(2)	Identification No:	(2)			7.00	D.L.
(2)	Nom:	(3)	Sexe:		(4)	Robe:
	Name:		Sex:			Colour:
(5)	Race:					
	Breed:					
(6)	par:	(7a)	et:			
	by:		and:			
		(7b)	par:			
			by:			
(8)	Date de naissance:	(11)	Certific	cat d'origine valid	e le par:	
	Date of foaling:		Origin	certificate validat	ed on by	<i>r</i> :
(9)	Lieu d'élevage:		-	Nom de l'autori	té compe	étente:
	Place where bred:			Name of the co	mpetent	authority:
			-	Adresse:		
				Address:		
			-	No de téléphone	e:	
(10)	Naisseur(s):			Telephone num	ber:	
	Breeder(s):					
			-	No de télécopie	:	
				Fax number:		
			_	Signature:		
					canitales	et qualite du signataire
				Signature:	capitates	or quality ou significant
					1 lettere	and capacity of signatory)
				(1 variie iii capita	i ietters	and capacity of signatory)
			-	Cachet:		
				Stamp:		

SECTION III



Signalement relevé sous la mère par:

Description taken with dam by:

Tête: Head:

Ant. G: Foreleg L:

Ant. D: Foreleg R:

Post G: Hindleg L:

Post D: Hindleg R:

Corps: Body:

Marques: Markings:

On:

(21)Signature et cachet du vétérinaire agréé (ou de l'autorité competente)

Signature and stamp of qualified veterinary surgeon (or competent authority)

Cironscription:

District:

(en lettres capitales) (in capital letters)

SECTION IV

Identification of the horse described in this passport The identity of the horse must be checked each time this is required by rules and regulations and certified that it conforms with the description given on the diagram page of its passport.	Signature, nom en capitales et qualité de la personne ayant vérifié l'identité Signature, name (printed) and status of official verifying the identification									
စ	Motif du contrôle (concours, certificat sanitaire etc) Purpose of control (event, health certificate, etc)									
Contrôles d'identité du cheval décrit dans ce passeport L'identité du cheval doit être controlée chaque fois que les lois et réglements l'extgent: signer cette page signifie que le signalement du cheval présenté est conforme à celui de la page du signalement.	Ville et pays Town and country									
Contrôles d'ide L'identité du cl les lois et régle que le signalen celui de la pag	Date									

SECTION V

Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian. Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous de façon lisible et précise avec le nom et la signature du vétérinaire. Enregistrement des vaccinations Grippe équine seulement

Equine influenza only Vaccination record

Date	Lieu	Pays	Vaci	Vacin/Vaccine	Nom en capitales et signature du véterinaire
	Place	Country			Name (printed) and signature of veterinarian
			MoN	Numéro du lot	
			Name	Batch number	

SECTION VI

Maladies autres que la grippe équine

Enregistrement des vaccinations

Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous de façon lisible et précise avec le nom et la signature du vétérinaire.

Diseases other than equine Influenza

Vaccination record

Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian.

Nom en capitales et signature du véterinaire Name (printed) and signature of veterinarian							
	Maladie(s) Disease(s)						
Vacin/Vaccine	Numéro du lot Maladie(s) Batch number Disease(s)						
	Nom Name						
Pays Country							
Lieu Place							
Date							

SECTION VII

Contrôles sanitaires effectués par des laboratoires

Le résultat de tout contrôle effectué par un vétérinaire pour une maladie transmissible ou par un laboratoire agrée par le service vétérinaire gouvernmental du pays doit être noté clairement et en détails par le vétérinaire qui représente l'autorité demandant le contrôle.

Laboratory health test

The result of every test carried out for a transmissible disease by a veterinarian or a laboratory authorised by the government veterinary service of the country must be entered clearly and in detail by the veterinarian acting on behalf of the authority requesting the test.

Nom en capitales et signature du vétérinaire	Name (printed) and signature of veterinarian							
Laboratoire officiel d'analyse du prélèvement	Official laboratory to which sample is sent							
Résultat de l'examen Result of test								
Nature de l'examen Type of Test								
Maladie transmissibles concernées	Transmissible disease tested for							
Date								

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SECTION VIII

Exigences sanitaires de base Les exigences ne sont pas valables pour l'introduction dans la Communauté

Basic health requirements These requirements are not valid to enter the Community

Je sou	assigné (1) certifie que l'équidé décrit dans le passeport No délivré par
	undersigned (1), hereby certify that the equid described in passport No issued by satisfies the following conditions:
(a)	il a été examiné ce jour, ne présente aucun signe clinique de maladie et est apte au transport; it has been examined this day, presents no clinical sign of disease and is fit for transport;
(b)	il n'est pas destiné à l'abattage dans le cadre d'un programme national d'éradication d'une maladie transmissible; it is not intended for slaughter under a national eradication programme for a transmissible disease;
(c)	il ne provient pas d'une exploitation faisant l'objet de mesures de restriction pour des motifs de police sanitaire et n'a pas été en contact avec des equides d'une telle exploitation; it does not come from a holding subject to restrictions for animal health reasons and has not been in contact with equidae on such a holding;
(d)	à ma connaissance, il n'a pas été en contact avec des équidés atteints d'une maladie transmissible au cours des 15 jours précédant l'embarquement. To the best of my knowledge, it has not been in contact with equidae affected by a transmissible disease during the 15 days prior to loading.

LA PRÉSENTE CERTIFICATION EST VALABLE 10 JOURS À COMPTER DE LA DATE DE SA SIGNATURE PAR LE VÉTÉRINAIRE OFFICIEL.

THIS CERTIFICATION IS VALID FOR 10 DAYS FROM THE DATE OF SIGNATURE BY THE OFFICIAL VETERINARIAN.

Date Date	Lieu Place	Pour des raisons épidémiologiques partulières, un certificat sanitaire separé accompagne le présent passeport For particular epidemiological reasons, a separate health certificate accompanies this passport	Nom en capitales et signature du vétérinaire officiel Name in block letters and signature of official veterinarian
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	
		Oui/non (barrer la mention inutile) Yes/no (delete as appropriate)	

⁽¹⁾ Ce document doit être signé dans les 48 heures précédant le déplacement international de l'équidé.

⁽¹⁾ This document must be signed within 48 hours prior to international transport of the equid.

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Maladies dont l'inclusion dans le certificat zoosanitaire joint au passeport doit être envisageé

Diseases for which an endorsement must be made on the health certificate attached to the passport

- 1. Peste équine African horse sickness.
- 2. Stomatite vésiculeuse vesicular stomatitis.
- 3. Dourine dourine.
- 4. Morve glanders.
- 5. Encéphalomyelites équines (tous types) equine encephalomyelitis (all types).
- 6. Anéamie infectieuse infectious anaemia.
- 7. Rage rabies.
- 8. Fièvre charbonneuse anthrax.

MEDICINAL TREATMENT

SECTION IX

		IDENTIFICATION NUMBER OF ANIMAL © ®
Part 1		
Date and place of is	Date and place of issue of this section:	
Competent authorit	Competent authority issuing this section of the identification document:	
Part II (excludes tl	Part II (excludes the animal definitively from slaughter for human consumption, must be reconfirmed when the animal changes ownership)	when the animal changes ownership)
I, the undersigned	L, the undersigned owner (2)/ representative of the owner (2) declare that the animal described in this identification document is not intended for slaughter for the undersigned owner (3)/2 for human consumption(3)	is identification document is not intended for slaughter
Date and Place	Name in capitals and signature of the owner of the animal or his/her representative	Name in capitals and signature of representative of competent authorities
Part III - A (only v	Part III - A (only valid in connection with information in Part III - B)	
I, the undersigned	I, the undersigned owner (2) / representative of the owner (2) declare that the animal described in this identification document is intended for slaughter for human consumption(4)	nis identification document is intended for slaughter for
Date and Place	Name in capitals and signature of the owner of the animal or his/her representative	Name in capitals and signature of representative of competent authorities

Part III - B (information compulsory for equidae identified in accordance with Part III - A)

			MEDICATION RECORD		
Date of last treatment with a medicinal product containing substances not	Place		Substance(s) incorporated in the medicinal product which is/are	Veterinary surgeon applying and/or prescribing medicinal treatment	medicinal treatment
included in Annex I, II, III or IV of		Country Code	not included in Annex I, II, III or	Name:	Signature
regulation (EEC.) No 2377/90		Place	No 2377/90 (5) (6)	Address:	
[dd/mm/yyyy]				D	
				Postcode:	
				Place:	
				Tel:	

(1) Identification number as indicated in Section II (1) of the identification document.

(2) Delete what is not applicable.

(3) The animal may be treated with medicinal products containing substances listed in Annex I, II, III or IV to Regulation (EEC) No 2377/90 and other substances. Recording of medicinal treatment in Part III - B is optional The animal shall never be slaughtered for human consumption.

(4) The animal may be treated with medicinal products containing substances listed in Amex I, II or III to Regulation (EEC) No 237790 and other substances excluding those listed in Amex IV to that Regulation. The animal can only be slaughtered for human consumption after the completion of the general withdrawal period of six months following the date of the last treatment, certified obligatory in Part III - B, with medicinal products containing substances other than those listed in Annex I, II or III to Regulation (EEC) No 237790.

(5) Verify through published Annexes to Regulation (EEC) No 2377/90.

(6) This information is optional. However, this information may allow the reduction of the withdrawal period, if the specified substance is included in Annex I, II or III to Regulation (EEC) No 2377/90 after it was administered. The minimum withdrawal times would then be those established in Article 4(4) or Directive 81/851/EEC.

(7) Name, address, postcode and place in printed letters.

(8) Telephone number including country code and regional code.

(9) Not required where this Section is issued together with the identification document.