

## SCHEDULE

### 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.

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**SECTION I**

**Details of ownership**

**Détails de droit de propriété**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. For competitive purposes, the nationality of the horse is that of its owner.</li> <li>2. 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.</li> <li>3. 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.</li> <li>4. 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.</li> </ol> | <ol style="list-style-type: none"> <li>1. Pour les compétitions, la nationalité du cheval est celle de son propriétaire.</li> <li>2. 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 propriétaire afin de le lui transmettre après réenregistrement.</li> <li>3. S'il y a plus d'un propriétaire ou si le cheval appartient à 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.</li> <li>4. Lorsque la Fédération equestre internationale approuve la location d'un cheval par une Fédération equestre nationale, les détails de ces transactions doivent être enregistrés par la Fédération equestre nationale intéressée.</li> </ol> |
|---|---|

Date d'enregistrement par l'organisation, l'association ou le service officiel Date of registration, by the organisation, association or official agency	Nom du propriétaire Name of owner	Adresse du propriétaire Address of owner	Nationalité du propriétaire Nationality of owner	Signature du propriétaire Signature of owner	Cache de l'organisation, association ou service officiel et signature Organisation, association or official agency stamp and signature

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## SECTION II

(1) No d'identification:  
Identification No:

(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:  
Date of foaling:

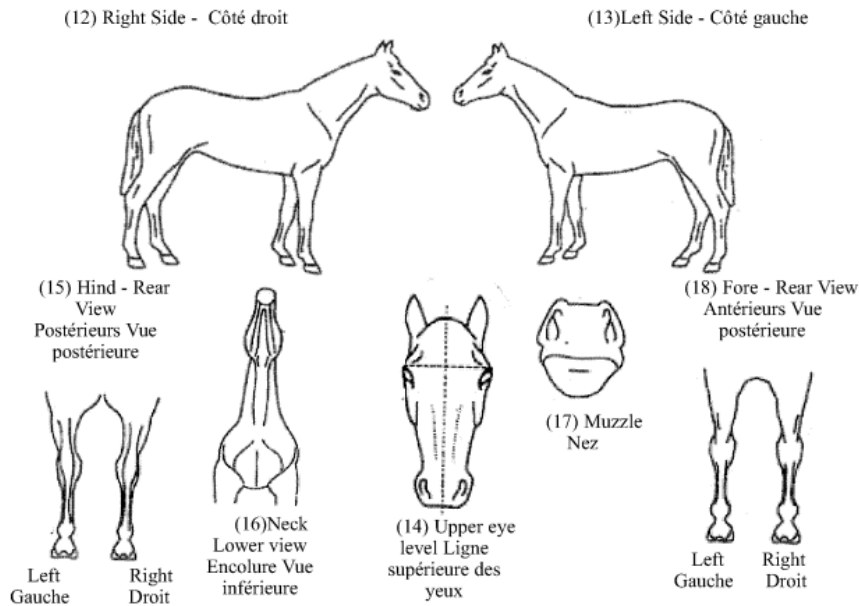
(9) Lieu d'élevage:  
Place where bred:

(10) Naisseur(s):  
Breeder(s):

(11) Certificat d'origine valide le par: Origin certificate validated on by:
- Nom de l'autorité compétente: Name of the competent authority:
- Adresse: Address:
- No de téléphone: Telephone number:
- No de télécopie: Fax number:
- Signature: (nom en lettres capitales et qualite du signataire Signature: (Name in capital letters and capacity of signatory)
- Cachet: Stamp:

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### SECTION III



(2) Nom - Name : (5) Race - Breed : (3) Sexe -Sex: (4) Robe -Colour:

(19) 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:

Le:  
On:

(20) Circonscription:  
District:

(21) Signature et cachet du vétérinaire agréé (ou de l'autorité compétente)  
Signature and stamp of qualified veterinary surgeon  
(or competent authority)  
(en lettres capitales)  
(in capital letters)

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***SECTION IV***

Contrôles d'identité du cheval décrit dans ce passeport Identification of the horse described in this passport  
L'identité du cheval doit être contrôlée chaque fois que The identity of the horse must be checked each time this is required by rules and regulations and certified  
les lois et règlements l'exigent: signer cette page signifie that it conforms with the description given on the diagram page of its passport.  
que le signalement du cheval présenté est conforme à celui de la page du signalement.

<b>Date</b>	<b>Ville et pays Town and country</b>	<b>Motif du contrôle (concours, certificat sanitaire etc) Purpose of control (event, health certificate, etc)</b>	<b>Signature, nom en capitales et qualité de la personne ayant vérifié l'identité Signature, name (printed) and status of official verifying the identification</b>

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**SECTION V**

<b>Grippe équine seulement</b> Enregistrement des vaccinations		<b>Equine influenza only</b> Vaccination record		
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.		Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian.		
Date	Lieu Place	Pays Country	Vacin/Vaccine	Nom en capitales et signature du vétérinaire Name (printed) and signature of veterinarian
			Nom Name	
			Numéro du lot Batch number	

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**SECTION VI**

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

**Maladies autres que la grippe équine**  
Enregistrement des vaccinations

**Diseases other than equine Influenza**  
Vaccination record

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.

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

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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 agréé par le service vétérinaire gouvernemental 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.

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



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## 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 soussigné (I) certifie que l'équidé décrit dans le passeport No ..... délivré par ..... satisfait aux conditions suivantes:

I, the undersigned (I), 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 équidés 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 particulières, un certificat sanitaire séparé 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 envisagé**

**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. Anémie infectieuse - infectious anaemia.
7. Rage - rabies.
8. Fièvre charbonneuse - anthrax.

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**SECTION IX**

**MEDICINAL TREATMENT**

IDENTIFICATION NUMBER OF ANIMAL <sup>(1)(b)</sup>  
.....

**Part I**

Date and place of issue of this section: .....  
Competent authority issuing this section of the identification document: .....

**Part II** (excludes the animal definitively from slaughter for human consumption, must be reconfirmed when the animal changes ownership)

<b>I, the undersigned owner <sup>(a)</sup>/ representative of the owner <sup>(b)</sup> declare that the animal described in this identification document is not intended for slaughter for human consumption <sup>(c)</sup></b>	
<b>Date and Place</b>	<b>Name in capitals and signature of the owner of the animal or his/her representative</b>

**Part III - A** (only valid in connection with information in Part III - B)

<b>I, the undersigned owner <sup>(a)</sup> / representative of the owner <sup>(b)</sup> declare that the animal described in this identification document is intended for slaughter for human consumption <sup>(c)</sup></b>	
<b>Date and Place</b>	<b>Name in capitals and signature of the owner of the animal or his/her representative</b>

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**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 included in Annex I, II, III or IV of Regulation (EEC) No 2377/90 [dd/mm/yyyy]	Place - - - Country Code Postcode Place	Substance(s) incorporated in the medicinal product which is/are not included in Annex I, II, III or IV of Regulation (EEC) No 2377/90 (5) (6)
		Veterinary surgeon applying and/or prescribing medicinal treatment Name: ..... <sup>(7)</sup> Address: ..... <sup>(7)</sup> Postcode: ..... <sup>(7)</sup> Place: ..... <sup>(7)</sup> Tel: ..... <sup>(8)</sup> Signature

(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 Annex I, II or III to Regulation (EEC) No 2377/90 and other substances excluding those listed in Annex 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 2377/90.  
 (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.