SCHEDULE

Regulations 3 and 4 $\,$

FORM OF CERTIFICATE

Welfare of Animals Act (Northern Ireland) 2011 (section 6)

The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012

 $1. \ Tail \ docking \ statement \ to \ be \ completed \ by \ the \ owner \ of \ the \ dog \ or \ by \ a \ person \ authorised \ by \ the \ owner \ to \ be \ a \ representative.$

2. To be completed by the veterinary surgeon signing below

Description of dog
Breed of dog (as specified by the owner)
Sex
Colour
Date of birth
Any distinguishing markings
Microchip number of dam (where available)
I, [insert name], confirm that I have seen the following evidence required by regulation 3 of the
Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations
(Northern Ireland) 2012 to show that the dog whose tail is to be docked ("the dog") by me on <i>[insert</i>
date] is likely to be used for work in connection with an activity specified in paragraph 5 and is of one
or more of the breeds specified in paragraph 6: (Tick evidence seen as appropriate)
(1) (a) the dam of the dog; \square or
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(b) veterinary certification that the dam has died since whelping; and
(2) (a) the statement made in paragraph 1 of this certificate, signed and dated by the owner of the
dog; or
(b) the statement made in paragraph 1 of this certificate, signed and dated by a person whom I
believe to be representing the owner; and
(3) one of the following—
(a) police identification;
(b) prison service identification;
(c) HMRC identification;
(d) evidence that the owner of the dog, or an agent or employee of the owner most likely to be
using the dog, will be using the dog for work in connection with lawful pest control;
(e) a current firearm certificate issued to the owner of the dog, or to the agent or employee of the owner most likely to be using the dog for work in connection with the lawful shooting of
animals;
(f) a letter from— (i) a gamekeeper,
(ii) a land-occupier (or the land-occupier's agent),
(iii) a person with shooting rights,
(iv) a shoot organiser, a club official, or
(v) a person engaged in lawful pest control,
stating the breeder of the dog whose tail is to be docked is known to him or her and that dogs bred by that breeder have been used on his or her land, or in his or her shoot, or for pest control.
Signature of Veterinary Surgeon:
Please print name:
Name (if applicable) and Address of Veterinary Surgeon's Practice:
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3. Microchipping statement to be completed by the owner of the dog or by a person authorised by the owner to be a representative.

I, [insert name], confirm that I am [authorised to represent]* the owner of the dog to be microchipped on [insert date] by the competent person signing the certificate in paragraph 4. *(delete whichever is inapplicable)

I confirm that to the best of my knowledge and belief the dog I am presenting for microchipping today is the same dog whose tail was docked on *[insert date]* and in relation to which paragraphs 1 and 2 of this certificate were completed.

I am aware that it is an offence knowingly to give false information to a veterinary surgeon in connection with the giving of a certificate for the purposes of section 6 of the Welfare of Animals Act (Northern Ireland) 2011.

Signature of owner of the dog or of the person authorised by the owner to be a representative:
Please print name:
Address:
4. To be completed by the competent person signing below on the day on which microchipping of the dog takes place.
I [insert name] confirm that on [insert date] I have inserted a microchip into the dog that the owner or a person whom I believe to be representing the owner has presented to me as the dog whose tail was docked on [insert date] by— (1) me as certified in paragraph 2;* (2) a veterinary surgeon in this practice who signed the certificate in paragraph 2;* (3) a veterinary surgeon in a practice which now ceases to operate.* *(delete as appropriate)
The microchip reading is [insert microchip reading]
Signature of competent person:
Please print name:
Name (if applicable) and Address of the veterinary practice where the competent person carried out the microchipping:

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5. Specified type of activities.

Law enforcement.

Lawful pest control.

The lawful shooting of animals.

6. Specified breeds of dogs.

Spaniels of any breed or combination of breeds.

Terriers of any breed or combination of breeds.

Any breed commonly used for hunting, or any combination of such breeds.

Any breed commonly used for pointing, or any combination of such breeds.

Any breed commonly used for retrieving, or any combination of such breeds.