### 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.

Details of ownership

For competitive purposes, the nationality of the horse is that of its owner.

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- 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. ъ.
- 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. 4

# Détails de droit de proprieté

Pour les compétitions, la nationalité du cheval est celle de son propriétaire.

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- 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 aprés réenregistrement.
- le nom de la personne responsable pour le cheval doit être inscrit dans S'il y a plus d'un propriétaire ou si le cheval appartient a une société, le passeport ainsi que sa nationalité. Si les propriétaires sont de

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nationalités différentes, ils doivent préciser la nationalité du cheval. d'un cheval par une Fédération equestre nationale, les détails de ces Lorsque la Fédération equestre internationale approuva la location

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transactions doivent étre enregistrés par la Fédération equestre

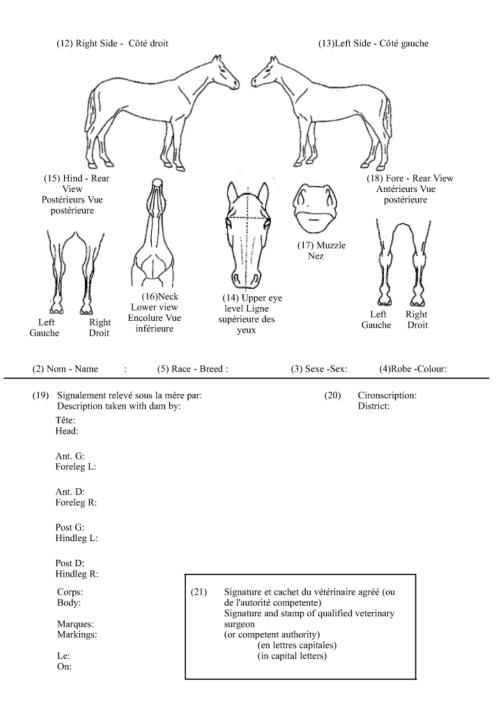
| Date d'enregistrement<br>par l'organisation,<br>l'association ou le<br>service official<br>Date of registration, by<br>the organisation,<br>association or<br>official agency | Nom du propriétaire<br>Name of owner A | Adresse du<br>propriétaire<br>Address of owner | Nationalité du<br>propriétaire<br>Nationality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

# **SECTION I**

# **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:   | (11) | Certific | cat d'origine valid | e le par: |                            |
|      | Date of foaling:     |      | Origin   | certificate validat | ed on by  | y:                         |
|      |                      |      |          |                     |           |                            |
| (9)  | Lieu d'élevage:      |      | -        | Nom de l'autori     | té comp   | étente:                    |
|      | Place where bred:    |      |          | Name of the con     | mpetent   | authority:                 |
|      |                      |      |          |                     |           |                            |
|      |                      |      | -        | Adresse:            |           |                            |
|      |                      |      |          | Address:            |           |                            |
|      |                      |      |          |                     |           |                            |
|      |                      |      | -        | No de téléphone     | e:        |                            |
| (10) | Naisseur(s):         |      |          | Telephone num       | ber:      |                            |
|      | Breeder(s):          |      |          | -                   |           |                            |
|      |                      |      | -        | No de télécopie     | :         |                            |
|      |                      |      |          | Fax number:         |           |                            |
|      |                      |      |          |                     |           |                            |
|      |                      |      |          |                     |           |                            |
|      |                      |      | -        | Signature:          |           |                            |
|      |                      |      |          |                     | capitales | s et qualite du signataire |
|      |                      |      |          | Signature:          |           |                            |
|      |                      |      |          | -                   | l letters | and capacity of signatory) |
|      |                      |      |          | (une in enpin       |           | and capacity of organiory) |
|      |                      |      | _        | Cachet:             |           |                            |
|      |                      |      | -        | Stamp:              |           |                            |
|      |                      |      |          | Stamp.              |           |                            |

### **SECTION III**



| -  | Signature, nom en capitales et qualité de la personne ayant<br>vérifié l'identité<br>Signature, name (printed) and status of official<br>verifying the identification |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| ıforme à   | Motif du contrôle<br>(concours, certificat sanitaire etc)<br>Purpose of control<br>(event, health certificate, etc)   |  |  |  |  |  |  |  |  |
| que le signalement du cheval présenté est conforme à<br>celui de la page du signalement. | Ville et pays<br>Town and country   |  |  |  |  |  |  |  |  |
| que le signalen<br>celui de la pag   | Date  |  |  |  |  |  |  |  |  |

Contrôles d'identité du cheval décrit dans ce passeport Identification of the horse described in this passport

L'identité du cheval doit être controlée 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 réglements l'exigent: signer cette page signifie that it conforms with the description given on the diagram page of its passport.

**SECTION IV** 

Grippe équine seulement

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.

Vaccination record

Equine influenza only

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 |               |              |  |  |  |  |  |  |  |
|--|--|---------------|--------------|--|--|--|--|--|--|--|
| Vacin/Vaccine                                |  | Numéro du lot | Batch number |  |  |  |  |  |  |  |
| Vac  |  | мөм           | Name         |  |  |  |  |  |  |  |
| Pays   | Country                                      |               |              |  |  |  |  |  |  |  |
| Licu   | Place  |               |              |  |  |  |  |  |  |  |
| Date   |  |               |              |  |  |  |  |  |  |  |

# SECTION V

| Details of every vaccination which the horse undergoes must be entered clearly and<br>in detail, and certified with the name and signature of veterinarian.   | Nom en capitales et signature du véterinaire<br>Name (printed) and signature of veterinarian |                               |  |  |  |  |  |  |
|---|--|-------------------------------|--|--|--|--|--|--|
| tails of ever<br>detail, and c  |  | Maladic(s)<br>Disease(s)      |  |  |  |  |  |  |
|   | Vacin/Vaccine  | Numéro du lot<br>Batch number |  |  |  |  |  |  |
| ée dans le cac<br>t la signature  |  | Nom<br>Name                   |  |  |  |  |  |  |
| Toute vaccination subie par le cheval doit être portée dans le cadre<br>ci-dessous de façon lisible et précise avec le nom et la signature du<br>vétérinaire. | Pays<br>Country  |                               |  |  |  |  |  |  |
| tion subie par le ch<br>façon lisible et pré  | Lieu<br>Place  |                               |  |  |  |  |  |  |
| Toute vaccinat<br>ci-dessous de f<br>vétérinaire.   | Date   |                               |  |  |  |  |  |  |

**SECTION VI** 

Diseases other than equine Influenza Vaccination record

Maladies autres que la grippe équine Enregistrement des vaccinations

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<br>du vétérinaire     | Name (printed) and signature<br>of veterinarian |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Laboratoire officiel<br>d'analyse<br>du prélévement | Official laboratory to<br>which sample is sent  |  |  |  |  |  |  |  |
| Résultat de<br>l'examen<br>Result of test           |   |  |  |  |  |  |  |  |
| Nature de l'examen<br>Type of Test                  |   |  |  |  |  |  |  |  |
| Maladie<br>transmissibles<br>concernées             | Transmissible<br>disease tested for             |  |  |  |  |  |  |  |
| Date  |   |  |  |  |  |  |  |  |

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## **SECTION VII**

### **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   | (1)  | cei  | rtifie o | que l'é | quidé | de  | écrit     | dans     | le   | pas   | seport      | No    |                     | lélivré  | par |
|------|-------------|------|------|----------|---------|-------|-----|-----------|----------|------|-------|-------------|-------|---------------------|----------|-----|
|      |             |      |      |          |         |       |     |           |          |      | :     | satisfait a | ix co | nditions suivantes: |          |     |
| I, t | he undersig | gned | (1), | hereby   | certify | that  | the | equid     | describ  | oed  | in    | passport    | No    |                     | . issued | by  |
|      |             |      |      |          |         |       |     | satisfies | the foll | owir | ng co | onditions:  |       |                     |          |     |

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

### 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

IDENTIFICATION NUMBER OF ANIMAL @00

Part 1

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

| I, the undersigned | L, the undersigned owner <sup>ad/</sup> representative of the owner <sup>ad/</sup> declare that the animal described in this identification document is not intended for slaughter<br>for human consumption <sup>ad</sup> | 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<br>representative  | Name in capitals and signature of representative of competent authorities |
|                    |   |   |
|                    |   |   |

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

| this identification document is intended for slaughter for   | Name in capitals and signature of representative of competent authorities              |  |
|--|--|--|
| L, the undersigned owner <sup>(2)</sup> / representative of the owner <sup>13</sup> declare that the animal described in this identification document is intended for slaughter for human consumption <sup>(4)</sup> | Name in capitals and signature of the owner of the animal or his/her<br>representative |  |
| I, the undersigned   | Date and Place   |  |

## **SECTION IX**

|                   | rescribing medicinal treatment   | Signature                             |   |              |           |        |      |  |  |
|-------------------|--|---------------------------------------|---|--------------|-----------|--------|------|--|--|
|                   | Veterinary surgeon applying and/or prescribing medicinal treatment           | Name: (1)                             | Address:                                      |              | Posicode: | Place: | Tel: |  |  |
| MEDICATION RECORD | Substance(s) incorporated in the<br>medicinal product which is/are           | not included in Annex I, II, III or   | IV OL REGUIAUOII (EEU.)<br>No 2377/90 (5) (6) |              |           |        |      |  |  |
|                   | Place  | - Country Code                        | - Place                                       |              |           |        |      |  |  |
|                   | Date of last treatment with a medicinal<br>product containing substances not | included in Annex I, II, III or IV of | Kegmanon (EEC) No 23/7/90                     | [dd/mm/yyyy] |           |        |      |  |  |

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

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

Delete what is not applicable.

<sup>(3)</sup> 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.

<sup>(4)</sup> 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 2377790.

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

<sup>(6)</sup> 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 81.051/EEC.

<sup>(7)</sup> Name, address, postcode and place in printed letters.

<sup>(8)</sup> Telephone number including country code and regional code.

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