

ATODLEN

Dogfen Adnabod ar gyfer Ceffylau Cofrestredig PASBORTAU

Cyfarwyddiadau cyffredinol

I. Rhaid i basbortau gynnwys yr holl gyfarwyddiadau sydd eu hangen er mwyn eu defnyddio a manylion yr awdurdod cymwys a'u dyroddodd.

II. Gwybodaeth a ddangosir ar basbortau.

A. Rhaid i basportau gynnwys yr wybodaeth ganlynol—

1. Adran I:

Y perchennog

Rhaid datgan enw'r perchennog neu enw ei asiant.

2. Adrannau II a III:

Adnabod

Rhaid i'r awdurdod cymwys ddynodi'r ceffyl.

3. Adran IV:

Cofnodion o wiriadau adnabod

Rhaid i'r awdurdod cymwys gadw cofnod o'r gwiriadau a wnaed o ran adnabod y ceffyl pan fo cyfreithiau a rheoliadau yn gwneud hynny'n ofynnol.

4. Adrannau V a VI:

Cofnod brechiadau

Rhaid cofnodi pob brechiad yn Adran V (ffliw'r ceffylau yn unig) ac yn Adran VI (pob brechiad arall).

5. Adran VII:

Profion iechyd mewn labordai

Rhaid cofnodi canlyniadau yr holl brofion a wneir i ganfod clefydau trosglwyddadwy.

6. Adran IX:

Triniaeth Feddyginiaethol

Rhaid cwblhau Rhan I a Rhan II neu Ran III o'r Adran hon yn briodol yn unol â'r cyfarwyddiadau a geir yn yr Adran hon.

B. Caniateir cynnwys yr wybodaeth ganlynol mewn pasbortau —

Adran VIII:

Gofynion iechyd sylfaenol

Mae Adran VIII yn datgan y gofynion iechyd sylfaenol.

Mae'n rhestru'r clefydau y mae'n rhaid eu nodi ar y dystysgrif iechyd.

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

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:

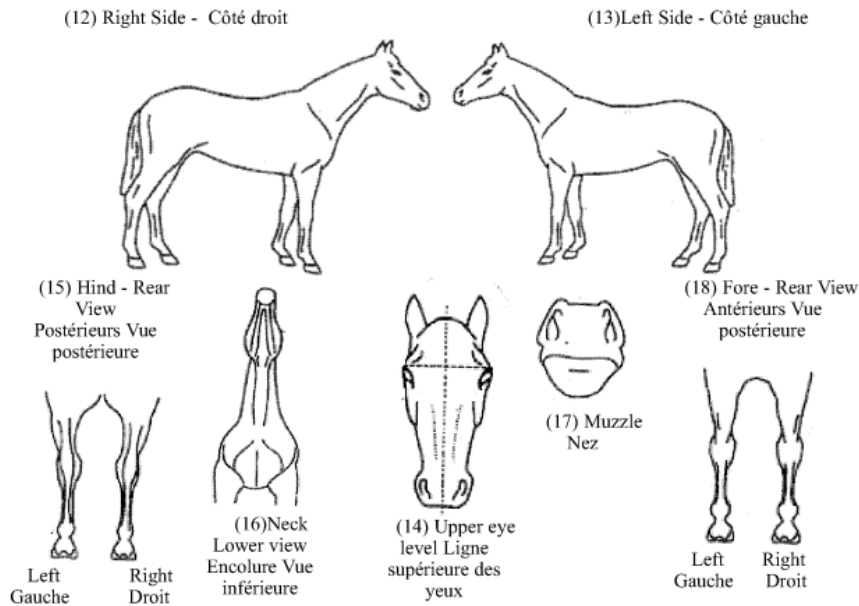
(9) Lieu d'élevage:
Place where bred:

(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 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 équides 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 ^{(1)(b)}
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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)

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

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

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

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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: ⁽⁷⁾ Address: ⁽⁷⁾ Postcode: ⁽⁷⁾ Place: ⁽⁷⁾ Tel: ⁽⁸⁾ 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.