

SCHEDULE

Regulations 3 and 4

FORM OF CERTIFICATE

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

The Docking of Working Dogs' Tails (Certification and Identification) 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.

<p>I, <i>[insert name]</i>, confirm that I am (authorised to represent)* the owner of the dog whose tail is to be docked on <i>[insert date]</i> by the veterinary surgeon signing the certificate in paragraph 2. <i>*(delete whichever is inapplicable)</i></p> <p>I confirm that the dam of the dog is of one or more of the breeds specified in paragraph 6.</p> <p>I confirm that the dog was born on <i>[insert date]</i>.</p> <p>I confirm that it is intended that the dog be—</p> <p>(1) used for work in connection with an activity specified in paragraph 5. <input type="checkbox"/></p> <p>(2) sold for use in work in connection with an activity specified in paragraph 5. <input type="checkbox"/></p> <p><i>(Tick as appropriate)</i></p> <p>I confirm that to the best of my knowledge and belief the evidence I am showing to obtain this certificate is true and accurate.</p> <p>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.</p>
Signature of owner of the dog or of the person authorised by the owner to be a representative:
Please print name
Address

Draft Legislation: This is a draft item of legislation and has not yet been made as a Northern Ireland Statutory Rule.

2. To be completed by the veterinary surgeon signing below

Description of dog	
Breed of dog <i>(as specified by the owner)</i>	
Sex	
Colour	
Date of birth	
Any distinguishing markings	

Microchip number of dam <i>(where available)</i>											

<p>I, <i>[insert name]</i>, confirm that I have seen the following evidence required by regulation 3 of the Docking of Working Dogs’ Tails (Certification and Identification) Regulations (Northern Ireland) 2012 to show that the dog whose tail is to be docked (“the dog”) by me on <i>[insert date]</i> 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: <i>(Tick evidence seen as appropriate)</i></p> <p>(1) (a) the dam of the dog; <input type="checkbox"/> or</p> <p style="padding-left: 20px;">(b) veterinary certification that the dam has died since whelping; <input type="checkbox"/> and</p> <p>(2) (a) the statement made in paragraph 1 of this certificate, signed and dated by the owner of the dog; <input type="checkbox"/> or</p> <p style="padding-left: 20px;">(b) the statement made in paragraph 1 of this certificate, signed and dated by a person whom I believe to be representing the owner; <input type="checkbox"/> and</p> <p>(3) one of the following—</p> <p style="padding-left: 20px;">(a) police identification; <input type="checkbox"/></p> <p style="padding-left: 20px;">(b) prison service identification; <input type="checkbox"/></p> <p style="padding-left: 20px;">(c) HMRC identification; <input type="checkbox"/></p> <p style="padding-left: 20px;">(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; <input type="checkbox"/></p> <p style="padding-left: 20px;">(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; <input type="checkbox"/></p> <p style="padding-left: 20px;">(f) a letter from—</p> <p style="padding-left: 40px;">(i) a gamekeeper, <input type="checkbox"/></p> <p style="padding-left: 40px;">(ii) a land-occupier (or the land-occupier’s agent), <input type="checkbox"/></p> <p style="padding-left: 40px;">(iii) a person with shooting rights, <input type="checkbox"/></p> <p style="padding-left: 40px;">(iv) a shoot organiser, a club official, <input type="checkbox"/> or</p> <p style="padding-left: 40px;">(v) a person engaged in lawful pest control, <input type="checkbox"/></p> <p>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.</p>
Signature of Veterinary Surgeon
Please print name:
Name <i>(if applicable)</i> and Address of Veterinary Surgeon’s Practice:

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

Draft Legislation: This is a draft item of legislation and has not yet been made as a Northern Ireland Statutory Rule.

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. * <i>*(delete as appropriate)</i>
--

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:

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.
