

L.N. 324 of 2003

**VETERINARY SERVICES ACT, 2001
(ACT NO. XXIII OF 2001)**

Identification Document (Passport) Accompanying Registered Equidae Regulations, 2003

IN exercise of the powers conferred by article 34(d) Veterinary Services Act, the Minister for Rural Affairs and the Environment has made the following regulations:-

Title and scope

1. (1) The title of these regulations is Identification Document (Passport) Accompanying Registered Equidae Regulations, 2003

(2) The scope of these regulations is the implementation of European Union Commission Decision 93/623/EEC establishing the identification document (passport) accompanying registered equidae. This Decision finds a legal basis under European Union Council Directive 90/427/EEC, article 8(1), first subparagraph.

Conformity of identification documents with Schedule provisions

2. Identification documents accompanying registered equidae must be in conformity with the provisions of the Schedule.

Identification documents accompanying registered equidae

3. Identification documents as referred to in regulation 2:

- (a) may accompany registered equidae born before 1 January 1998,
- (b) must accompany registered equidae born on or after 1 January 1998.

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:

O w n e r

The name of the owner or his agent must be stated.

2. Sections II and III:

I d e n t i f i c a t i o n

The equid must be identified by the competent authority.

3. Section IV:

R e c o r d i n g o f i d e n t i t y c h e c k s

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 :

V a c c i n a t i o n r e c o r d

All vaccinations must be recorded in Section V (equine influenza only) and in Section VI (all other vaccinations).

5. Section VII :

L a b o r a t o r y h e a l t h t e s t s

The results of all tests carried out to detect transmissible diseases must be recorded.

6. Section IX:

M e d i c i n a l T r e a t m e n t

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:

B a s i c h e a l t h r e q u i r e m e n t s

Section VIII states the basic health requirements. It lists the diseases which must be noted on the health certificate.

SECTION I

Details de droit de propriété

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

Details of ownership

1. For competitive purposes, the nationality of the horse is that of its owner.
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 registration and forwarding to the new owner.
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.
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.

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	Cachet de l'organisation, association ou service officiel et signature Organisation, association or official agency stamp and signature

SECTION II (1)

(1) *No d'identification:*
Identification No:

(3) *Sexe* Sex :

(4) *Robe* Colour

(2) *Nom :*
Name:

(7a) *et* and :

(5) *Race:*
Breed:

(7b) *par* by

(6) *par :*
by :

(8) *Date de naissance:*
Date of foaling:

(11) *Certificat d'origine valide le par:*
Origin certificate validated on by:

(9) *Lieu d'elevage:*
Place where bred:

- *Nom de l'autorite competente:*
Name of the competent authority :

- *Adresse:*
Address:

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

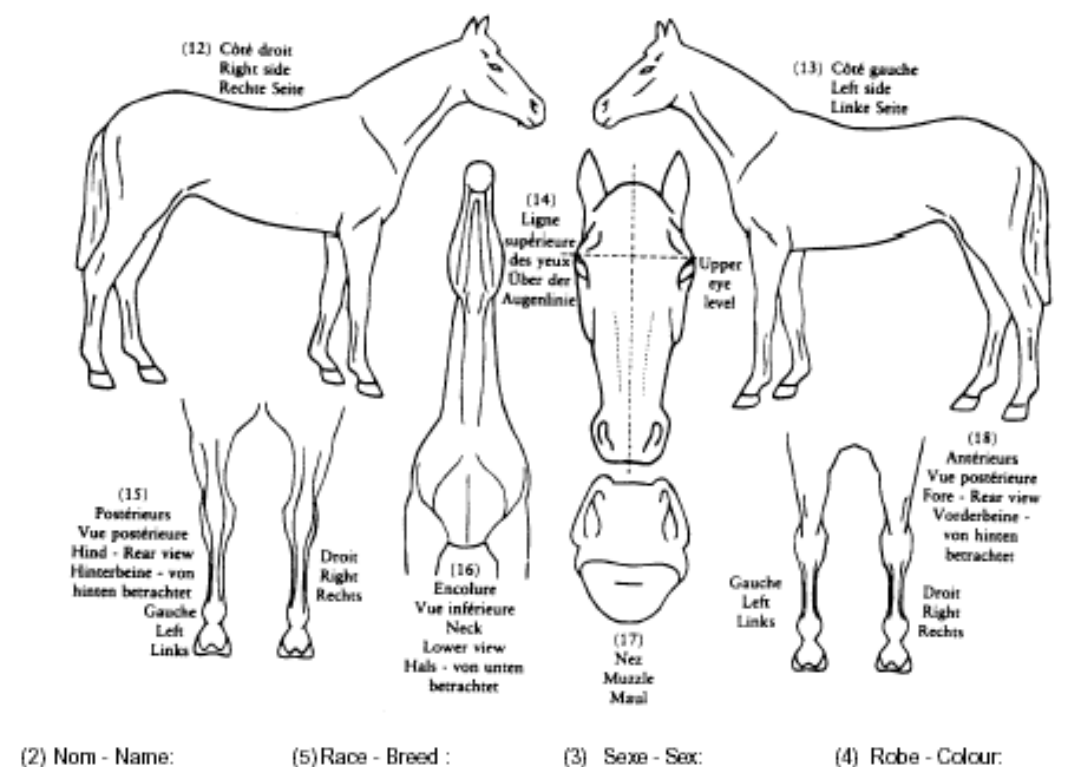
- *N° de telephone:*
Telephone number:

- *N° de telecopie :*
Fax number :

- *Signature:*
(nom en lettres capitales et qualite du signataire)
Signature:
(Name in capital letters and capacity of
signatory)

- *Cachet:*
Stamp:

SECTION III

(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)

SECTION IV

Contrôles d'identité du cheval décrit dans ce passeport

L'identité du cheval doit être contrôlée chaque fois que les lois et règlements l'exigent: signer cette page signifie que le signalement du cheval présenté est conforme à celui de la page du signalement.

Identification of the horse described in this passport

The identity of the horse must be checked each time this is required by rules and regulations and certified that it conforms with the description given on the diagram page of its passport.

[illegible]

SECTION V

Equine influenza only

Vaccination record

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

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

[illegible]

SECTION VI

Maladies autres que la grippe équine

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.

Diseases other than equine influenza

Vaccination record

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	Maladie (s) Disease(s)

SECTION VII

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.

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

[illegible]

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) certifie que l'équidé décrit dans le passeport n° délivré
par.....satisfait aux
conditions suivantes:*

I, the undersigned (1), 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.**

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

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

SECTION IX
MEDICINAL TREATMENT

IDENTIFICATION NUMBER OF ANIMAL (1)(9) :

Part I

Date and Place of issue of this section: (9)
Competent authority issuing this section of the identification document:..... (9)

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

I, the undersigned owner (2) / representative of the owner (2) declare that the animal described in this identification document is not intended for slaughter for human consumption (3)	
Date and Place	Name in capitals and signature of the owner of the animal or his/ her representative
	Name in capitals and signature of representative of competent authorities

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

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

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

MEDICATION RECORD				
Veterinary surgeon applying and/or prescribing medicinal treatment 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)	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) of 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.				