

SCHEDULE

Regulation 8

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 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 certificate.

SECTION I

Détails de droit de propriété

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

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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 équestre internationale approuve la location d'un cheval par une Fédération équestre nationale, les détails de ces transactions doivent être enregistrés par la Fédération équestre 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 re-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 Fédération équestre 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.

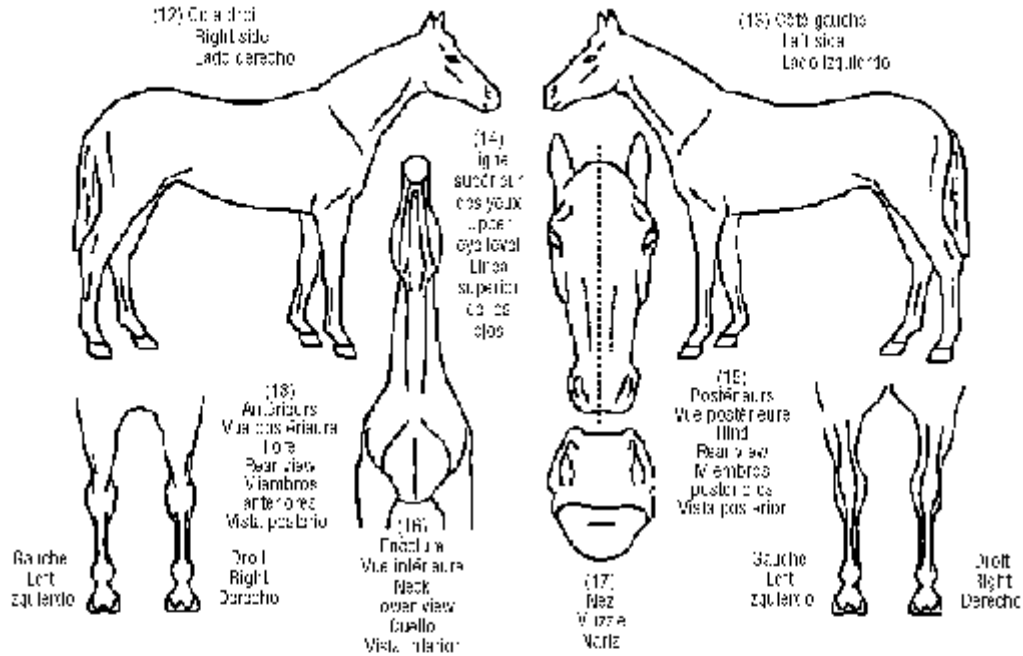
<i>Date d'enregistrement par l'organisation, l'association ou le service officiel</i>	<i>Nom du propriétaire</i>	<i>Adresse du propriétaire</i>	<i>Nationalité du propriétaire</i>	<i>Signature du propriétaire</i>	<i>Cachet de l'organisation, association ou service officiel et signature</i>
<i>Date of registration, by the organisation, association, or official agency</i>	<i>Name of owner</i>	<i>Address of owner</i>	<i>Nationality of owner</i>	<i>Signature of owner</i>	<i>Organisation, association or official agency stamp and signature</i>

SECTION II

- (1) No. d'identification:
Identification No:
- (2) Nom:
Name:
- (3) Sexe:
Sex
- (4) Robe:
Colour:
- (5) Race:
Breed:
- (6) par:
by:
- (7a) et.
and:
- (7b) par:
by:
- (8) Date de naissance:
Date of foaling:
- (9) Lieu d'élevage:
Place where bred
- (10) Naïsseur(s):
Breeder(s):
- (11) Certificat d'origine validé le:
par:
Origin certificate validated on:
by:
– Nom de l'autorité compétente:
Name of the competent authority:
– Adresse:
Address:
No. de téléphone:
Telephone No:
– No. de télécopie:
Fax number:
– Signature: (Nom en lettres capitales et qualité du signataire)
Signature: (Name in capital letters and capacity of signatory)
– Cachet:
Stamp:

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SECTION III



(19) Signalément 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 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.

<i>Date</i>	<i>Ville et pays</i>	<i>Nom du contrôle (concours, certificat sanitaire, etc.)</i>	<i>Signature, nom en capitales et qualité de la personne ayant vérifié l'identité</i>
<i>Town and Country</i>	<i>Purpose of control (event, health certificate, etc.)</i>	<i>Signature, name (printed), and status of official verifying the identification</i>	

SECTION V

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.

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 the veterinarian.

<i>Date</i>	<i>Lieu Place</i>	<i>Pays Country</i>	<i>Vaccin Vaccime</i>		<i>Nom en capitales et signature du vétérinaire Name (printed), and signature of veterinarian</i>
			<i>Nom Name</i>	<i>Número de lot Batch number</i>	

SECTION VI

Maladies autres que la grippe équine

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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 the veterinarian.

Date	Lieu Place	Pays Country	Vie in Vaccine			Nom en capitales et signature du vétérinaire Name (printed) and signature of veterinarian
			Nom Name	Numéro de lot Batch number	Maladie(s) Disease(s)	

SECTION VII

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.

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.

Date	Maladies transmissibles concernées	Nature de l'examen	Résultat de l'examen	Laboratoire officiel d'analyse ou prélèvement	Nom en capitales et signature du vétérinaire Name (printed) and signature of veterinarian
	Transmissible diseases tested for	Type of test	Result of test	Official laboratory to which sample is sent	

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(e)¹² certifie que l'équidé décrit dans le passeport no. _____ délivré par _____ satisfait aux conditions suivantes:

I, the undersigned¹², 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 laisane, 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 PRÉSENTÉ 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>	<i>Lieu</i>	<i>Pour des raisons épidémiologiques particulières, un certificat sanitaire séparé accompagne le présent passeport</i>	<i>Nom en capitales et signature du vétérinaire officiel</i>
	<i>Place</i>	<i>For particular epidemiological reasons, a separate health certificate accompanies this passport</i>	<i>Name in block letters and signature of official veterinarian</i>
		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)	

() Ce document doit être signé dans les 48 heures précédant le déplacement international de l'équidé.
 () 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 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. Douvine – dourine
4. Morve – glanders
5. Encéphalomyélites 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⁾⁽²⁾

Part III-B (information compulsory for...)

Date of last treatment with a medicinal product containing substances not included in Annex I, I, I I or IV of Regulation (EEC) No. 2377/90

Part I

Date and Place of issue of this section:

Competent authority issuing this section of the identification document:

(3)

[dd/mm/yyyy]

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⁽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-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

- (1) Identification number as indicated in Section I
- (2) Delete what is not applicable.
- (3) The animal may be treated with medicinal products containing substances not included in Annex I, I I or IV of Regulation (EEC) No. 2377/90. Part III-B is optional. The animal shall be slaughtered for human consumption.
- (4) The animal may be treated with medicinal products containing substances not included in Annex I, I I or IV of Regulation (EEC) No. 2377/90. Part III-B is optional. The animal shall be slaughtered for human consumption.
- (5) Verify through published Annexes to Regulation (EEC) No. 2377/90.
- (6) This information is optional, however it must be administered. The minimum withdrawal period is 14 days.
- (7) Name, address, postcode and place in parentheses.
- (8) Telephone number including country code.
- (9) Not required where this Section is issued.