SCHEDULE 1

Regulation 9

PART I

GENERAL INSTRUCTIONS

Commencement Information

II Sch. 1 Pt. I in force at 16.5.2005, see reg. 1(1)

A passport must contain all instructions needed for its use and details of the competent authority which issued it.

PART II

INFORMATION TO BE CONTAINED IN PASSPORTS

A passport must consist of the following numbered sections containing, where appropriate, the information specified.

1. Section I:

Owner.

The name of the owner must be stated.

Commencement Information

I2 Sch. 1 para. 1 in force at 16.5.2005, see reg. 1(1)

2. Sections II and III:

Identification.

The equid must be identified by the competent authority.

Commencement Information

I3 Sch. 1 para. 2 in force at 16.5.2005, see reg. 1(1)

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.

Commencement Information

I4 Sch. 1 para. 3 in force at 16.5.2005, see reg. 1(1)

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).

Commencement Information

I5 Sch. 1 para. 4 in force at 16.5.2005, see reg. 1(1)

5. Section VII:

Laboratory health tests.

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

Commencement Information

I6 Sch. 1 para. 5 in force at 16.5.2005, see reg. 1(1)

6. Section IX:

Medicinal treatment.

Part I and either Part II or Part IIIA of Section IX must be duly completed specifying whether the equid is intended for human consumption.

A passport may contain a further section, numbered Section VIII, containing the information specified.

Commencement Information

I7 Sch. 1 para. 6 in force at 16.5.2005, see reg. 1(1)

7. Section VIII:

Basic health requirements.

Section VIII should state the basic health requirements, and list the diseases for which an endorsement must be made on the health certificate attached to the passport, as follows—

- (i) African horse sickness.
- (ii) Vesicular stomatitis.
- (iii) Dourine.
- (iv) Morve glanders.
- (v) Equine encephalomyelitis (all types).
- (vi) Infectious anaemia.
- (vii) Rabies.
- (viii) Anthrax.

Commencement Information

I8 Sch. 1 para. 7 in force at 16.5.2005, see reg. 1(1)

SCHEDULE 2

Regulation 9(2)

FORMAT OF PASSPORTS

Commencement Information

I9 Sch. 2 in force at 16.5.2005, see reg. 1(1)

A passport shall, to such extent as may be appropriate, be in the format set out in this Schedule. SECTION I

Détails de droit de propriété	Details of ownership
Pour les compétitions, la nationalité du cheval est celle de son propriétaire.	For competitive purposes, the nationality of the horse is that of its owner.
 En cas de changement de propriétaire, le passeport doit être immédiatement déponé 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. 	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. 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.	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.
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.	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.

Date d'enregistrement par l'organisation, l'association ou le service official 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

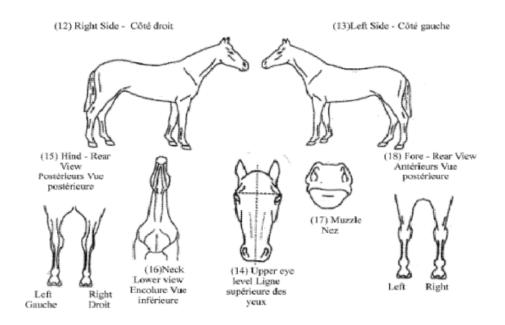
SECTION II

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

SECTION III

(2) Nom - Name:

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(5) Race - Breed:

(19) Signalement relevé sous la mère par:	(20) Cironscription :
Description taken with dam by:	District
Tête:	
Head :	
Ant. G:	
Foreleg L:	
Ant. D:	
Foreleg R:	
Post G:	
Hindleg L:	
Post D:	
Hindleg R:	
Corps:	(21) Signature et cachet du vétérinaire agréé (ou de
Body:	l'autorité competente)
Marques:	Signature and stamp of qualified veterinary surgeon (or competent authority)
Markings:	(en lettres capitales)
Le:	(in capital letters)
On:	

(3) Sexe - Sex:

(4) Robe - Colour

SECTION IV

Contrôles d'identité du cheval décrit dans ce passeport	Identification of the horse described in this passport
L'identité du cheval doit être contrôlée chaque fois que les lois et règlements	The identity of the horse must be checked each time this is required by rules and
l'exigent : signer cette page signifie que le signalement du cheval présenté est	regulations and certification given that it conforms with the description given on
conforme à celui de la page du signalement.	the diagram page of the passport.

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

SECTION V

Grippe équine seulement		Equine influenza only
Enregistrement des vaccinations		Vaccination record
Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous de		Details of every vaccination which the horse undergoes must be entered clearly
façon lisible et précise avec le nom et la signature du vétérinaire.		and in detail, and certified with the name and signature of veterinarian.

Date	Lieu	Pays	Vaccin/Vaccine		Nom en capitales et signature du vétérinaire
	Place	Country	Nom	Numéro du lot	Name (printed) and signature of veterinarian
			Name	Batch number	

SECTION VI

Maladies autres que la grippe équine		Diseases other than equine influenza
Enregistrement des vaccinations		Vaccination record
Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous		Details of every vaccination which the horse undergoes must be entered clearly
de façon lisible et précise avec le nom et la signature du vétérinaire.		and in detail, and certified with the name and signature of veterinarian.

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

SECTION VII

Contrôles sanitaires effectues par des laboratoires	Laboratory health test
Le résultat de tout contrôle effectué par un vétérinaire pour une maladie	The result of every test carried out for a transmissible disease by a veterinarian
transmissible ou par un laboratoire agréé par le service vétérinaire	or a laboratory authorised by the government veterinary service of the country
gouvernemental du pays doit être noté clairement et en détails par le vétérinaire	must be entered clearly and in detail by the veterinarian acting on behalf of the
qui représente l'autorité demandant le contrôle.	authority requesting the test.

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

SECTION VIIIExigences sanitaires de baseLes exigencies ne sont pas valuables pour l'introduction dans la CommunautéBasic health requirementsThese requirements are not valid to enter the Community

Je soussigné(a) certifie que l'équidé décrit dans le passe	port nº délivré par
	satisfait aux conditions suivantes :
I, the undersigned (\mathbf{b}) , hereby certify that the equid descr	ibed in passport Noissued by
	satisfies the following conditions:
(a)	il a été examiné ce jour, ne présente aucun signe slinique 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 nation	onal eradication programme for a transmissible disease;
(c)	il ne provident 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 bee	n in contact with equidae affected by a transmissible disease during the 15 days prior to loading.
LA PRÉSENTE CERTIFICATION EST VALABLE 10	HOURS À COMPTER DE LA DATE DE SA SIGNATURE PAR LE VÉTÉRINAIRE OFFICIEL.
THIS CERTIFICATION IS VALID FOR 10 DAYS FR	OM THE DATE OF SIGNATURE BY THE OFFICIAL VETERINARIAN.

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

 ⁽a) Ce document doit être signé dans les 48 heures précédant le déplacement international de l'équidé.
 (b) This document must be signed within 48 hours prior to international transport of the equid.

SECTION IXMedicinal Treatment

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	IDENTIFICATION NUMBER OF ANIMAL(1) (2):
Part I	
Date and Place of issue of this section:	
Competent authority issuing this section of the passport	
Part II (excludes the animal definitively from slaughter for human consumption, must be reconfirmed when the animal changes ownership)	
I do not since the second of t	t

Name in capitals and signature of representative of competent authorities

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)

Date and Place

I, the undersigned owner (*)frepresentative of the owner (*) declare that the animal described in this passport is intended for slaughter for human consumption (*)			
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 (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	Place - Country Code - Postcode	Substance(s) incorporated in the medicinal product which is/are not included in Annex I, II, III or IV of Regulation (EBC) No. 2577/90 (5) (5)	Veterinary surgeon applying and/o Name: (*) Address: (*) Postcode: (*)	or prescribing medicinal treatment Signature	
[dd/mm/yyyy]	Place		Place:		

- (f) Identification number as indicated in Section II(1) of the passport.
- (2) Delete what is not applicable.
- (*) 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.
- (*) 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.
- (8) Verify through published Annexes to Regulation (EEC) No. 2377/90.
- (*) 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.
- $(\vec{\ })$. Name, address, postcode and place in printed letters.
- (8) Telephone number including country code and regional code.
- (*) Not required where this Section is issued together with the passport.

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Changes and effects yet to be applied to:

- sch 2 am by S.S.I. 2007/217 reg 9
- Regulations revoked by S.S.I. 2009/231 reg. 25
- reg 1 am by S.S.I. 2007/217 reg 3
- reg 5 am by S.S.I. 2007/217 reg 4
- reg 5 am by S.S.I. 2007/217 reg 5
- reg 16 am by S.S.I. 2007/217 reg 6
- reg 22 subst by S.S.I. 2007/217 reg 7
- reg 24 am by S.S.I. 2007/217 reg 8