

## 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.

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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\(1\)](#)

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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
1. Pour les compétitions, la nationalité du cheval est celle de son propriétaire.	2. For competitive purposes, the nationality of the horse is that of its owner.
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.	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. 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.
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.	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.

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

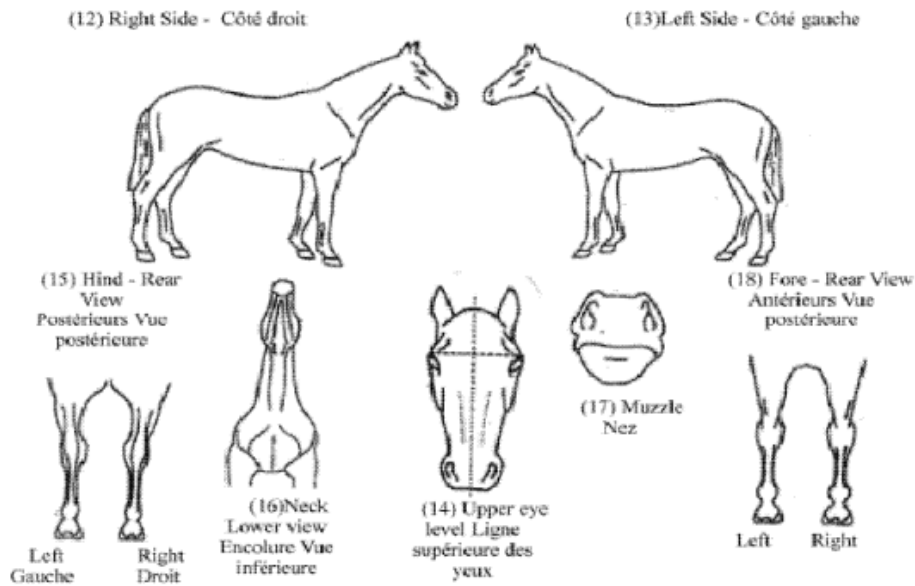
SECTION II

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(1) N° 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:	(11) Certificat d'origine validé le : par : Origin certificate validated on : by:		
(9) Lieu d'élevage : Place where bred :	- Nom de l'autorité compétente : Name of the competent authority		
	- Adresse: Address		
	- N° de téléphone : Telephone No :		
	- N° de télécopie : Fax number :		
(10) Naisseur(s): Breeder(s)	- Signature : (nom en lettres capitales et qualité du signataire) (Name in capital letters and capacity of signatory)		
	- Cachet Stamp		

SECTION III

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(2) Nom - Name:	(5) Race - Breed:	(3) Sexe - Sex:	(4) Robe - Colour
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(19) Signalement relevé sous la mère par: Description taken with dam by :	(20) Circonscription : District
Tête : Head :	
Ant. G: Foreleg L:	
Ant. D: Foreleg R:	
Post G: Hindleg L:	
Post D: Hindleg R :	
Corps: Body: Marques: Markings: Le: On:	(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





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

I, the undersigned(b), 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 HOURS 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	Lieu	Pour des raisons épidémiologiques particulières, un certificat sanitaire séparé 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 IX Medicinal Treatment



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IDENTIFICATION NUMBER OF ANIMAL<sup>(1)</sup> (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, the undersigned owner (2)/representative of the owner (2) declare that the animal described in this passport 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 passport 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** (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: .....	Signature
			Address: .....	
			Postcode: .....	
			Place: .....	
			Tel: .....	

- (1) Identification number as indicated in Section II(1) of the passport.
- (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 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](#)