

NEW PASSPORT APPLICATION 2011

- This passport application allows owners to apply for a passport in line with Irish law and Commission Regulation (EC) 504/2008. It is for a DAFF approved Identity Passport which is intended for animals with no provable pedigree and will show both pedigree and breed as unrecorded. Therefore if you know this information you should contact the relevant breed society.
- The law (S.I. No. 399 of 2004 & No. 530 of 2007) requires that horses, ponies, donkeys, mules and zebras require a passport. Those applying after 1st July 2009 will be required to be microchipped by a veterinary surgeon in accordance with Article 11 of Commission Regulation (EC) 504/2008. Animals older than six months (or after 31st December of their year of foaling) will automatically be signed out of the food chain (Section IX Part II of the horse passport). Copies of the Regulations can be found on our website www.horsepassportagency.ie

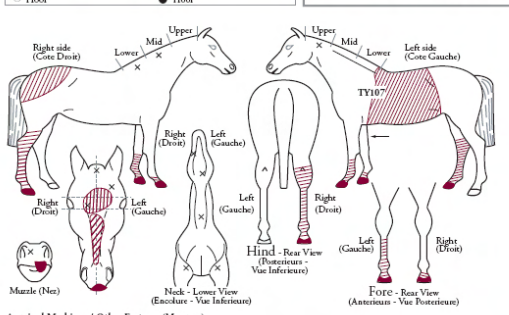
*The Owner:

The owner should complete the top part of the form. By providing your email on this form you will be able to log in to the Registered User section of our website and make updates on-line. If the animal is on loan the person who is the keeper of the animal can be added in the address section along with their address. i.e c/o JAMES MURPHY, 33 GEORGE STREET etc. The owner (not the keeper) must sign the owner declaration.

Please ensure that you have read our Terms & Conditions and Privacy Statement before submitting your application. Extra copies can be downloaded from our website.

The Breeder:

The breeder of an animal is the person that owned the dam (mother) when she had the foal. We will only record this for foals (under 6 months) where you (the owner) have indicated you bred the animal and provided the country and full date of birth for the foal.

OWNER DETAILS	
Title: MR S	First Name: JULIE
Initial(s): S P	Surname: JONES
Address: c/o JAMES MURPHY, 33 GEORGE STREET, DUBLIN	
Email: JULIE@SPJONES987@AOL.COM	Nationality: IRI SH
Telephone: 0187012418263	Date of Birth: 08 03 1964
Breeder: Please read name over leaf. If you are the breeder tick this box <input type="checkbox"/> . Where was this animal foaled? GB <input type="checkbox"/> IRE <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	
I confirm that I have read, understood and agree to The Horse Passport Agency Ltd's Privacy Statement and Terms & Conditions and confirm that this animal does not already have an EU approved passport. The details provided on this form are, to the best of my knowledge, accurate in all respects.	
Owner Signature:	Date: 03 02 2006
ANIMAL DETAILS — TO BE COMPLETED BY A VETINARY SURGEON ONLY	
Animal Name: JAMES	
Species: <input type="checkbox"/> Horse/Tony <input type="checkbox"/> Donkey <input type="checkbox"/> Male <input type="checkbox"/> Other <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Gelding <input type="checkbox"/> Entire (Cala) <input type="checkbox"/> Rig	Colour: <input type="checkbox"/> Bay <input type="checkbox"/> Chestnut <input type="checkbox"/> Roan <input type="checkbox"/> Other please state <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Dun <input type="checkbox"/> Skewbald <input type="checkbox"/> Black <input type="checkbox"/> Palomino <input checked="" type="checkbox"/> Appaloosa <input type="checkbox"/> Piebald
Foaling Date: 05 06 2005	Height: 16 Hands 12 Inches
White on Legs and White Hooves White On FRONT LEFT to: <input type="checkbox"/> Above Knee <input type="checkbox"/> Knee <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof White On FRONT RIGHT to: <input type="checkbox"/> Above Knee <input type="checkbox"/> Knee <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof White On BACK LEFT to: <input type="checkbox"/> Above Hock <input type="checkbox"/> Hock <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof White On BACK RIGHT to: <input type="checkbox"/> Above Hock <input type="checkbox"/> Hock <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof	White on Head <input type="checkbox"/> Few White Hairs <input type="checkbox"/> Star <input type="checkbox"/> Stripe <input type="checkbox"/> Flesh Mark (Draw in solid Red) <input type="checkbox"/> Blaze <input type="checkbox"/> White Face <input type="checkbox"/> Snip
Whorls and Feathering: When using the selection boxes below to describe what you have drawn select () for whorls and () for feathering. On the diagram an X should be drawn for a whorl and - for feathering.	
Front of Head Above Eye Level And: <input type="checkbox"/> Muzzle <input type="checkbox"/> Forelock <input type="checkbox"/> Central <input type="checkbox"/> Right Of Centre At Eye Level And: <input type="checkbox"/> Left Of Centre <input type="checkbox"/> Central <input type="checkbox"/> Right Of Centre Below Eye Level And: <input type="checkbox"/> Left Of Centre <input type="checkbox"/> Central <input type="checkbox"/> Right Of Centre	
	
Crest of Neck F W Left Crest: <input type="checkbox"/> Upper <input type="checkbox"/> Mid <input type="checkbox"/> Lower F W Right Crest: <input type="checkbox"/> Upper <input type="checkbox"/> Mid <input type="checkbox"/> Lower	
Underside of Neck etc F W: <input type="checkbox"/> Right Jaw <input type="checkbox"/> Left Jaw <input type="checkbox"/> Throat <input type="checkbox"/> Upper Neck <input type="checkbox"/> Mid Neck <input type="checkbox"/> Base of Neck <input type="checkbox"/> Chest <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	
Other Parts of Body F W: <input type="checkbox"/> Left Stifle <input type="checkbox"/> Left Hip <input type="checkbox"/> Left Belly F W: <input type="checkbox"/> Right Stifle <input type="checkbox"/> Right Hip <input type="checkbox"/> Right Belly	
For Office Use	
Signature & stamp of Veterinary Surgeon (signature veterinarian) Date: 03/02/06	

Payment:

The passport application fee is €25. Cheques, Postal Orders (payable to Horse Passport Agency Ltd) .

Animal Name:

It is a requirement that all animals are named at registration.

Completing the silhouette:

The new law does not require the silhouette to be completed, other than to have the site of the microchipping marked with an M.

There are practical benefits to having a completed silhouette contained within the passport (identification without the need for a scanner) and it may be a requirement should you want to compete the animal in the future. It will be possible to update your animal's passport with a silhouette in the future for an additional fee.

Where the silhouette is completed (if the vet draws more than an M) then it must meet *our minimum standards* which include:

- Recording all whorls, feathering, scars, white hairs and prophet's thumb marks, freeze brands and microchip numbers ensuring a minimum of five features recorded including at least one whorl. If you are unable to do this then a microchip should be inserted.
- Use standard symbols (a black X for whorls, a black for feathering, a black → for scars and a black hollow Δ for a prophet's thumb mark. Red lines (hatching) for white hair and solid red for flesh marks and white hooves. Do not try to draw black or brown hairs - just white.
- White drawn on the legs should be from the three views (left, right and rear) unless stated in Other Features that it can not be viewed from one of these sides.
- White or non-pigmented hooves should be coloured in red on the diagram and black hooves left blank.
- Grey/Appaloosa/Roan horses should only have white areas shown where the skin underneath that white hair is a different colour to the rest of the body.
- It is important that you use black ink on the form except when marking white hairs or flesh marks. Study the example carefully - more examples can be seen on our website. Please complete the silhouette and fill in (don't just tick) the relevant selection boxes that best describe the silhouette.

OWNER DETAILS

Title:	First Name:	Initial(s):	Surname:
Address:			Post Code:
Email:*		Nationality:	
Telephone:		Date of Birth:	

Marketing: The Horse Passport Agency Ltd is registered under the Data Protection Act 1998. From time to time we may send you details of products or services that may be of interest to you. If you do not wish to receive this information by letter, or other reasonable means of communication, please select this box

Did you breed this animal? Yes No
(If yes provide country and full date of foaling. Please read notes over leaf)
 Where was the animal foaled? GB IRE Other (specify below)

I confirm that I have read, understood and agree to The Horse Passport Agency Ltd's Privacy Statement and Terms & Conditions and confirm that this animal does not already have a DEFRA approved passport. The details provided on this form are, to the best of my knowledge, accurate in all respects.

Owner Signature: _____ **Date:** _____

ANIMAL DETAILS

Animal Name: _____

Species <input type="checkbox"/> Horse/Pony <input type="checkbox"/> Donkey <input type="checkbox"/> Mule	Sex <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Entire (Colt) <input type="checkbox"/> Rig	Colour <input type="checkbox"/> Bay <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Chesnut <input type="checkbox"/> Cream <input type="checkbox"/> Palomino <input type="checkbox"/> Appaloosa <input type="checkbox"/> Roan <input type="checkbox"/> Dun <input type="checkbox"/> Skewbald <input type="checkbox"/> Piebald <input type="checkbox"/> Other please state	Foaling Year/Date <input type="checkbox"/> Unknown _____ Height <input type="checkbox"/> Unknown _____ Hands _____ Inches or _____ cms
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White on Legs and White Hooves

White On FRONT LEFT to: <input type="checkbox"/> Above Knee <input type="checkbox"/> Knee <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof	White On FRONT RIGHT to: <input type="checkbox"/> Above Knee <input type="checkbox"/> Knee <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof
White On BACK LEFT to: <input type="checkbox"/> Above Hock <input type="checkbox"/> Hock <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof	White On BACK RIGHT to: <input type="checkbox"/> Above Hock <input type="checkbox"/> Hock <input type="checkbox"/> Cannon Bone <input type="checkbox"/> Fetlock <input type="checkbox"/> Pastern <input type="checkbox"/> Hoof

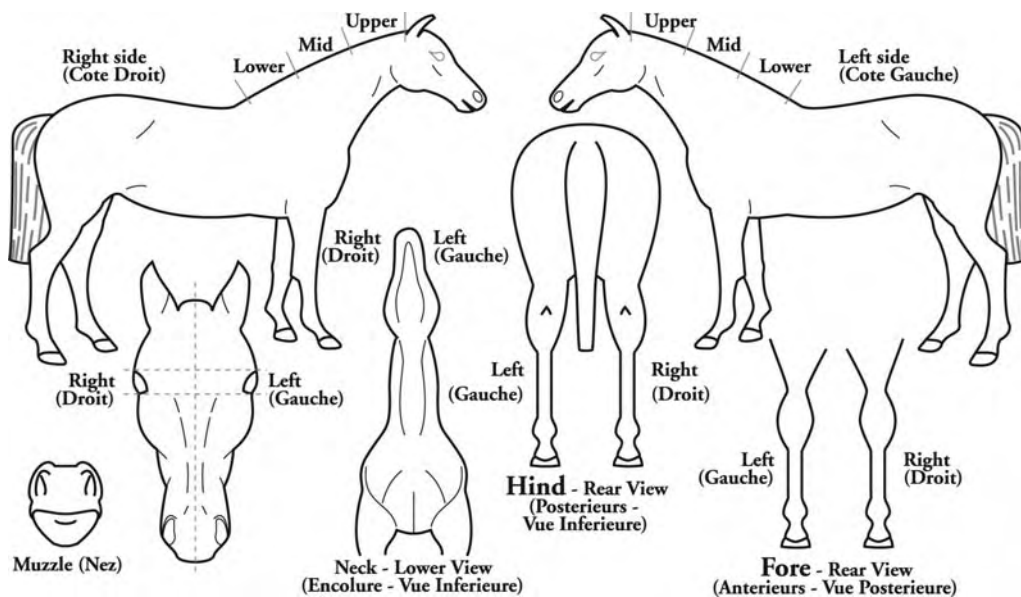
White on Head

<input type="checkbox"/> Few White Hairs	<input type="checkbox"/> Star	<input type="checkbox"/> Stripe	<input type="checkbox"/> Flesh Mark
<input type="checkbox"/> Blaze	<input type="checkbox"/> White Face	<input type="checkbox"/> Snip	(Draw in solid Red)

Whorls and Feathering: When using the selection boxes below to describe what you have drawn select (○) for whorls and (□) for feathering. On the diagram an X should be drawn for a whorl and – for feathering.

Front of Head

	F	W		F	W		F	W	
Above Eye Level And:	<input type="checkbox"/>	<input type="checkbox"/>	Muzzle	<input type="checkbox"/>	<input type="checkbox"/>	Forelock	<input type="checkbox"/>	<input type="checkbox"/>	Right Of Centre
At Eye Level And:	<input type="checkbox"/>	<input type="checkbox"/>	Left of Centre	<input type="checkbox"/>	<input type="checkbox"/>	Central	<input type="checkbox"/>	<input type="checkbox"/>	Right Of Centre
Below Eye Level And:	<input type="checkbox"/>	<input type="checkbox"/>	Left of Centre	<input type="checkbox"/>	<input type="checkbox"/>	Central	<input type="checkbox"/>	<input type="checkbox"/>	Right Of Centre



Crest of Neck

F	W	Left Crest	F	W	Right Crest
<input type="checkbox"/>	<input type="checkbox"/>	Upper	<input type="checkbox"/>	<input type="checkbox"/>	Upper
<input type="checkbox"/>	<input type="checkbox"/>	Mid	<input type="checkbox"/>	<input type="checkbox"/>	Mid
<input type="checkbox"/>	<input type="checkbox"/>	Lower	<input type="checkbox"/>	<input type="checkbox"/>	Lower

Underside of Neck etc

F	W	
<input type="checkbox"/>	<input type="checkbox"/>	Right Jaw
<input type="checkbox"/>	<input type="checkbox"/>	Left Jaw
<input type="checkbox"/>	<input type="checkbox"/>	Throat
<input type="checkbox"/>	<input type="checkbox"/>	Upper Neck
<input type="checkbox"/>	<input type="checkbox"/>	Mid Neck
<input type="checkbox"/>	<input type="checkbox"/>	Base of Neck
<input type="checkbox"/>	<input type="checkbox"/>	Chest
<input type="checkbox"/>	<input type="checkbox"/>	Left Forearm
<input type="checkbox"/>	<input type="checkbox"/>	Right Forearm

Other Parts of Body

F	W		F	W	
<input type="checkbox"/>	<input type="checkbox"/>	Left Stifle	<input type="checkbox"/>	<input type="checkbox"/>	Right Stifle
<input type="checkbox"/>	<input type="checkbox"/>	Left Hip	<input type="checkbox"/>	<input type="checkbox"/>	Right Hip
<input type="checkbox"/>	<input type="checkbox"/>	Left Belly	<input type="checkbox"/>	<input type="checkbox"/>	Right Belly

Vet Stamp:

[Microchip Label]

I am a Veterinary Surgeon and have read the above microchip for the animal identified on this application with an ISO 11785 scanner having:

[Delete part a) and/or b) if not applicable]

- a) Implanted the microchip mid crest on the left side of the neck
 b) Completed this silhouette

In accordance with European Commission (EC) No. 504/2008.

Vet Signature:

Date:

For Office Use