

The International Miniature Horse & Pony Society

Application for Replacement Horse / Donkey Passport

Express service required YES / NO | Are you an IMHPS Member YES / NO

Please complete the information required as much as possible. The passport will be issued with the information provided on the original application.

Name of Equine										
UELN Number		Date of B	irth	(DD/MM/YYYY)						
Microchip Number										
Colour		Sex		Mare, Stallion, Gelding						
European Height		Worldwide Centimetres								
	Breeders Details			Owners Details						
Name		Name								
Address		Address								
Post Code		Post Code	•••••							
Telephone		Telephone								
Email		Email								

DECLARATION

I certify that I have completed the application form to the best of my knowledge and the details I have given are accurate in all respects. I confirm that I have read and understood the instructions and that the markings relate to the animal described on the application form. I also confirm that to the best of my knowledge this animal has not been registered with another society and has not been previously issued with a passport. I understand that my name and address will be printed into the passport at issue. The IMHPS respects the rights to privacy of all its clients and is registered under the Data Protection Act 1998. The IMHPS will need to use the information provided by you for its own internal administration but will not divulge any individual details to a third party without your consent. Under the terms of Article 28E of the Commission Implementing Regulation (EU) 2015/262 the IMHPS is legally required to share the information contained on the application form with the Central Equine Database.

I confirm that I have read and understood the requirements of the service certificate.

Your full legal responsibilities can be found at: www.imhps.com

Signature	 Owner / Keeper / Representative of Owner
Print Name	 Date

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NAME OF EQUINE:																																	
COLOUR:																								SEX	(:								
DATE OF BIRTH:	D	D	/	M	\mathbb{M}	/	Y	Y	Y	Y				9	SPE	CIES	5:																
MICROCHIP NUMBER:																O	r Ch	HP S	TIC	ER:													
PLACE OF BIRTH																											ĺ	ĺ					
COUNTRY OF BIRTH																																	
B: EQUINE IDENTIFICATION TO BE COMPLETED BY A VETERINARY SURGEON																																	
The diagram and written description must agree and be sufficiently detailed to ensure the positive identification of the animal in the future. White markings must be shown in RED and the written description completed using BLACK INK in BLOCK CAPITALS or TYPESCRIPT . If there are no white markings, this fact must be stated in the written description. All head and neck whorls should be marked ('X') and described in detail. Other whorls should be similarly recorded. Acquired marks ('V') and other distinguishing marks should always be noted. The Veterinary Surgeon MUST indicate the location of the microchip on the silhouette with a circled 'M' symbol.																																	
MICROCHIP NUMBER/CHIP STICKER													P	ursu nicro	uant ochip	to C o for	com the	miss ani	ion mal	Reg ider	ulat htifi	ion ed o	(EC) n th	262 is a	22/2 ppli	015 catic	l cai in ar	n co nd it	nfirr was	n tha	atIr	ead	the
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Date of examination: Name of veterinarian Nom du vétérinaire:											Sig	natu	re a	nd s	stam	p of	the	vete	erina	riar	ı (<i>Si</i>	gna	ture	et c	each	et di	ı véi	térin	aire	<i>.</i>):			
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	D. ANIMAL DESCRIPTION TO BE COMPLETED BY A VETERINARY SURGEON
NAME OF EQUINE:	
HEAD:	
FORELEG LEFT:	
FORELEG RIGHT:	
HINDLEG LEFT:	
HINDLEG RIGHT:	
BODY:	
ACQUIRED MARKINGS:	
	E. VETERINARIAN SIGNATURE & STAMP
FULL NAME & SIGNATUR	E OF VETERINARIAN: STAMP OF ISSUING BODY:

DATE OF EXAMINATION:)
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D/MM/YYYY