



ULSTER REGION SHOW JUMPING ASSOCIATION OF IRELAND

APPLICATION FOR EQUINE PASSPORT

NAME OF OWNER:

ADDRESS:

.....

..... POSTCODE:

TEL NO: MEMBERSHIP NO:

MOBILE NO: (If any)

.....

CONDITIONS AND INSTRUCTIONS

NOTE FOR OWNER: (Please sign below)

I accept the conditions for registration and make application for a passport.

I agree to co-operate in having this animal and any progeny (if applicable) DNA tested if so requested.

I confirm that the equine to which this animal refers has not already been issued with a passport.

I agree to this animal being micro chipped in order that this Passport may be issued.

SIGNED: **DATE:**

DATA PROTECTION/SECURITY:

The Ulster Region Show Jumping Association of Ireland Passport Issuing Organisation is fully compliant with the EU General Data Protection Regulation (GDPR). Any information received/stored is kept in line with current legislation.

Official Use Only:
Date rec:
Fee rec:
Mem. Confirmed:

NAME OF ANIMAL: (3 choices must be given)

1st CHOICE:

2nd CHOICE:

3rd CHOICE:

NAME AND COUNTRY OF BREEDER (where known):

CONFIRMED BY (Authority):

ADDRESS:

.....

.....

.....

NOTE TO VETERINARY SURGEON:

- PLEASE CHECK FOR THE PRESENCE OF A MICROCHIP BEFORE INSERTING ONE**
- THE POSITION OF THE MICROCHIP TO BE RECORDED AS SHOWN (M)**
- THE WRITTEN DESCRIPTION SHOULD BE TYPED OR PRINTED IN BLOCK CAPITALS (INCLUDING BREED / TYPE)**

FEES:	S.J.A.I. Members: Horses / Ponies	£30
	Pony Club/ Riding Club	£35
	Other Affiliates	£35
	Non - Members	£40
	Change of Owner	£15
	Change of Name of Animal	£60
	Express Service	£50

Cheques to be made payable to S J A I - U R
Send completed form with appropriate fee to:

Janet Currie, 109 Bolea Road, Limavady, Co. Derry BT49 0QU
Tel: **078 3403 9366**
Email: **janet.currie1948@btinternet.com**

SECTION I PART A

NAME / NOM		COLOUR / ROBE
SEX / SEXE*	YEAR / ANNE	HEIGHT / HAUTEUR cms
BREED / RACE / TYPE	SIRE / PERE	
NAME OF DAM / NOM DE LA MERE		REF. NO. OF DAM NO. DE LA MERE

HEAD-TETE	
NECK-ENCOURE	
L I M B S E S	LEFT FORELEG ANT G
	RIGHT FORELEG ANT D
	LEFT HINDLEG POST G
	RIGHT HINDLEG POST D

BODY-CORPS	
MICRO CHIP	
MICRO PLAQUETTE	
AFFIX MICRO CHIP BARCODE LABEL HERE	

N.B. DESCRIPTION SHOULD BE TYPED OR WRITTEN IN BLOCK CAPITALS

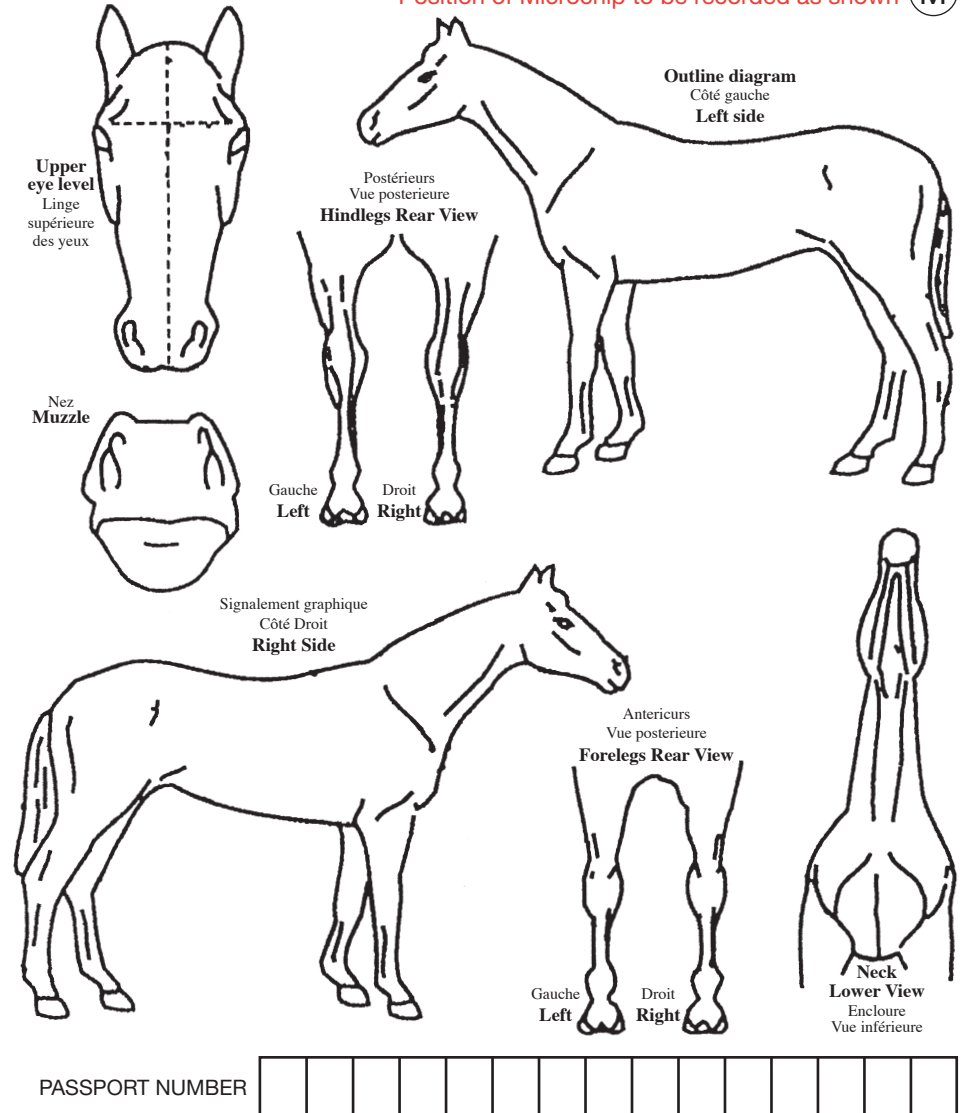
Signature & Stamp of Veterinary Surgeon
Signature et Cachet du Veterinaire Agree

NOT TO BE THE OWNER OR
TRAINER OF THE HORSE

Place & Date / Lieu et Date

ULSTER REGION SHOW JUMPING ASSOCIATION OF IRELAND EQUINE REGISTER SECTION I PART B

Position of Microchip to be recorded as shown **(M)**



PASSPORT NUMBER

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Please ensure that diagram and written description agree, using black ink, White markings to be shown in red ink. *Write sex category in full either Gelding/Colt/Mare. If no markings fact to be stated.