



ULSTER REGION SHOW JUMPING ASSOCIATION OF IRELAND

APPLICATION FOR EQUINE PASSPORT

NAME OF OWNER:

ADDRESS WHERE HORSE
IS RESIDENT

ADDRESS:

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.....

.....

.....

.....

POSTCODE:

POSTCODE:

TEL NO: MEMBERSHIP NO:

MOBILE NO: (If any)

DAERA EQUINE PREMISES NUMBER (Where known)

I declare that I am the owner of the equine charted in this application. I understand the details will be entered in the Identity Document(passport) on the Ulster Region Show Jumping Association of Ireland Passport Database and on the U.K. Central Equine Database.

SIGNED: **DATE:**

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.

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.

NAME OF ANIMAL: (3 choices must be given)

1st CHOICE:

2nd CHOICE:

3rd CHOICE:

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 Members	£35
	Other Affiliated Bodies	£35
	Non - Members	£45
	Donkeys	£30
	Change of Owner	£20
	Express Service (within 24 hours)	£50
	Duplicate Passport	£60

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

Janet Currie, 109 Bolea Road, Linnavady, Co. Derry BT49 0QU
Tel: +44 78 3403 9366
Email: janet.currie1948@btinternet.com

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

SECTION I PART A

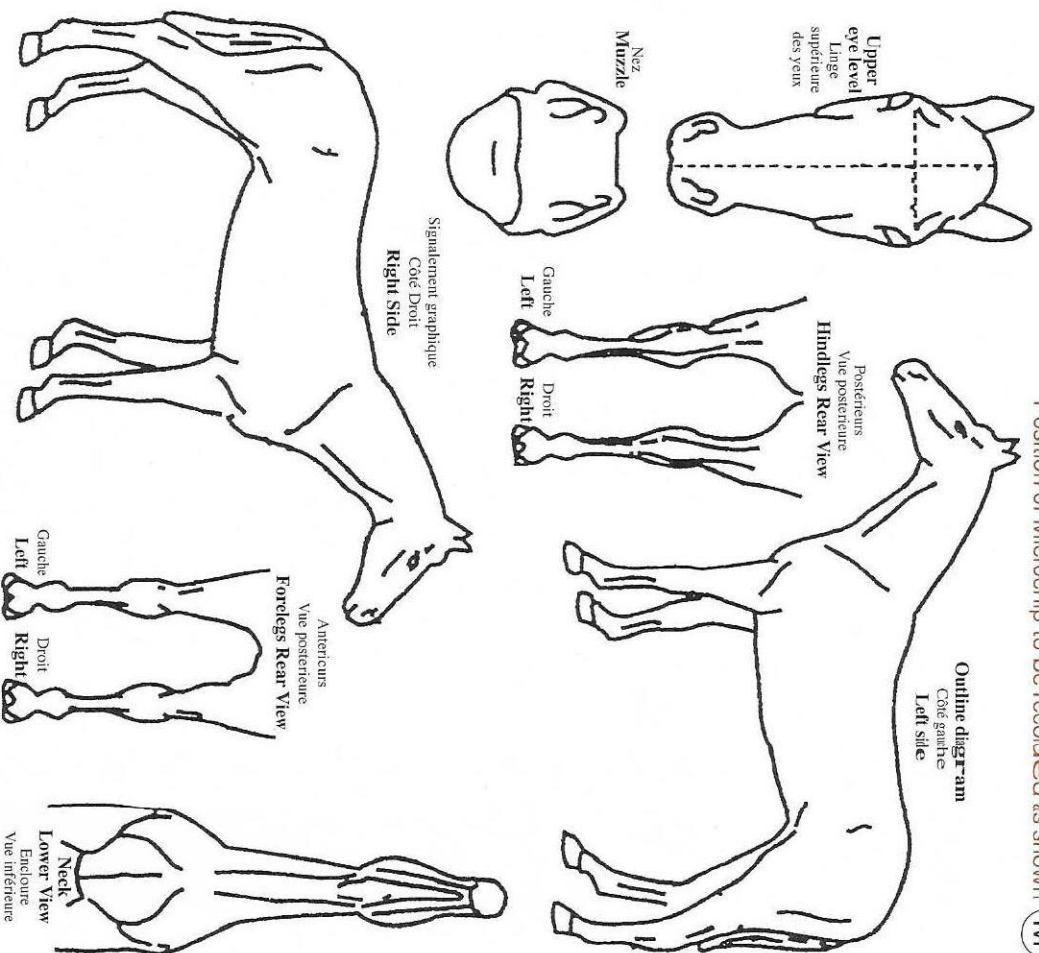
NAME / NOM		COLOUR / ROBE	
SEX / SEXE*	YEAR / ANNEE	HEIGHT / HAUTEUR cms	
BREED / RACE / TYPE		SIRE / PERE	
NAME OF DAM / NOM DE LA MERE		REF. NO. OF DAM NO. DE LA MERE	
HEAD-TETE			
NECK-ENCLASURE			
LEFT FORELEG ANT G			
RIGHT FORELEG ANT D			
LEFT HINDLEG POST G			
RIGHT HINDLEG POST D			
BODY-CORPS			
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 NOT TO BE THE OWNER OR
 Signature et Cachet du Veterinaire Agrée 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, Write markings to be shown in red ink. *Write sex category in full either Gelding/Colt/Mare. If no markings fact to be stated.