



# EQUINE REQUIRING EMERGENCY TREATMENT IN THE ABSENCE OF A PASSPORT

## INSTRUCTION FROM VETERINARIAN TO HORSE OWNER/KEEPER

Name of Owner/Keeper: Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Other Identification (e.g. Vehicle Reg No): \_\_\_\_\_

Horse Microchip: Scanned: Yes/No Microchip Detected: Yes/No

Horse Microchip No (if present): 

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Horse Description: Colour: \_\_\_\_\_ Sex: \_\_\_\_\_ Approx Age: \_\_\_\_\_ yrs

Breed/Type: \_\_\_\_\_ Approx Height: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

Address Where Horse Treated: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date and Time of Administration/Dispensation: dd/mm/yyyy: / / Time: : am/pm

Medicines Administered/Prescribed (Tick Column A, B or C):

	Medication List	A	B	C
1				
2				
3				
4				
5				

Key:  
 A = Renders animal unfit for human consumption  
 B = On "Essentials List"  
 C = Licensed medication for use in food producing animal

## Confirmation of Emergency Administration of the Medicine(s) Listed Above

Further to administration/dispensation of the medicines listed above you MUST take the following action (delete as appropriate):

- Apply to the Passport Issuing Organisation for a new, replacement, or duplicate horse passport.
- Permanently exclude the horse from the food chain by signing section IX Part 2 of its passport.
- **EITHER** Permanently exclude the horse from the food chain by signing section IX Part 2 of its passport **OR** Present this form together with the horse's passport to the veterinarian within 48 hours of this instruction being signed so that he/she can complete the medicines record in Part IIIB of Section IX of the Horse's Passport with details of the medicines administered (above).

**This instruction must be carried out as soon as possible i.e. within 48 hours of administration of medication.**

N.B. An owner, keeper, veterinary surgeon or passport issuing organisation may sign Section IX Part 2; there is no need for countersignature.

Signature of Veterinarian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

I understand the instructions above and agree to comply:

Signature of Owner/Keeper: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**The Equine Passport and VMD Regulations exist to protect public health and ensure that veterinary medication continues to be available**