

Foal Registration Identification Form

Owner Details		
Name		
Address Line 1		
Address Line 2		
Town/City		
Postcode		
County		
Contact Number		
Email Address		
FHAGBI Membership No.		
	Foal Details	
Foal Name including any KFPS Registered Stud name		
Sex		
Colour		
Species		
Date of Birth		
Country of birth		
Microchip Number		
	Sire Details	
Name		
UELN Number		
Microchip Number		
	Dam Details	
Name		
UELN Number		
Microchip Number		
	Breeder Details	
Name		
Address		
Town/City		
Postcode		

ANIMAL IDENTIFICATION TO BE COMPLETED BY A VETERINARY SURGEON

A: OUTLINE DIAGRAM including microchip location indicated by (M)

(12) Right side	M TRANSPONDED	(13) Left side	Signature and attended of the
Côté droit (15) Fore Rear view	(14) Upper eye level Ligne supérieure des yeux	(18) Hind Rear vie	Côté gauche	Signature and stamp of the veterinarian or qualified person or competent authority (name in capital letters)/ Signature et cachet du vétérinaire ou de la personne qualifiée ou de l'autorité compétence (nom en lettres capitales)
Antérieurs Vue postérieure Left Right Gauche Droit	(16) Neck Lower view Encolure Vue inférieure	Postérieu Vue postérieu (17) Muzzle Nez		
	vue injeneure			
MICROCHIP NUMBER:			uant to Commission Regulation (EC ochip for the animal identified on th) 262/2015 I can confirm that I read the nis application and it was:
PLEASE AFF	IX BARCODE STIC	KER HERE Prev	iously implanted Imp	lanted today (tick one)
It is a statutory requirement that a qual section above. The same veterinary surg	lified veterinary surgeon and eon is responsible for the co	d member of the Roya ompletion of the writt	l College of Veterinary Surged en description which can be f	ons (RCVS) verifies the identification ound in section E of this application.

	B: ANIMAL D	ETAILS	
ANIMAL NAME:			
Colour:		SEX:	
DATE OF BIRTH:	D D / M M / Y Y Y Y COUNTRY OF BIRTH:		
PLACE OF BIRTH:			
Species:		D: CHESTNUTS FOR HORSES WI	THOUT MARKINGS & LESS THAN THREE WHORLS
	C: SIRE AND DAM 15 KNOWN	Foreleg Left	Foreleg Right
SIRE - UELN:			
SIRE - NAME:			
DAM - UELN:			
DAM - NAME:		HINDLEG LEFT	HINDLEG RIGHT
	FOR OFFICE USE ONLY		

COMPLETE IN BLOCK CAPITALS IN BLACK INK

	ANIMAL IDENTIFICATION (continued)
ANIMAL NAME:	
	E: ANIMAL DESCRIPTION
HEAD:	
Neck:	
Body:	
BODY.	
Foreleg L:	
Foreleg R:	
HINDLEG L:	
HINDLEG R:	
Markings:	
	F: OFFICIAL SIGNATURE AND STAMP
Signature of qualifie	D PERSON (NAME IN CAPITAL LETTERS): Stamp of issuing body or competent authority:
Date o	F EXAMINATION: D_D_/_M_M_/_Y_Y_Y_Y



CHECKLIST

- Microchip of Dam checked
- o Description Verified
- o Microchip implanted and its operation verified
- Barcode labels attached to this registration form
- Checked for presence of clinical signs of surgical procedure to remove a formerly implanted microchip
- o Hair samples taken from dam, foal and where available, sire.
- 3 Whorls have been drawn in the diagrammatical description above and written in the description

Details of Passport Officer/Qualified Veterinarian		
Name		
Phone Number		
Date		
Signature and stamp		

Inserting the chip and all necessary actions are at the owners' risk. FHAGBI is not responsible for any kind of damage caused by the qualified veterinarian.

PLEASE NOTE

The foal can only be passported after the DNA research has been carried out. Hair samples for DNA testing from Dam, Foal and Sire are to placed in separate resealable bags and **clearly labelled** on each bag with sire, dam or foal, full name (and UELN where possible). Please send this form by recorded delivery and include the DNA hair samples:

FHAGBI
Chippenham Lodge Stud
Parkside
Ely
Cambs
CB7 5PX