



WEATHERBYS

ID DUPLICATE PASSPORT APPLICATION FORM

SECTION A : HORSE DETAILS

*MANDATORY FIELDS

*HORSE NAME: Please note if you wish to change the horse's registered name there is an additional fee. (please see fees below) the horse's current name will be shown on the passport in brackets.

*UNIQUE EQUINE LIFE NUMBER: * SEX: Male Female Gelding

*MICROCHIP NUMBER: DATE OF BIRTH: / / (year of birth only if not known)

*DATE OF PURCHASE / / FREEZE BRAND:

Failure to provide an approximate acquisition date will delay the registration.

SECTION B : OWNER DETAILS *Mandatory Data (COMPLETE THIS SECTION IN FULL IN BLOCK CAPITALS PLEASE)

Mr Mrs Miss Other:

Forename(s)* Surname*

Address*

County* Postcode*

Date of Birth* / / **Please note, it is mandatory to provide your DOB as it is a unique form of identification.**

Daytime (Indicate if home/work) Mobile*

All telephone calls made to or from Weatherbys' offices at Wellingborough are recorded for the purposes of security, accuracy and training.

Email

SECTION C : PAYMENT DETAILS (fee valid until 31/12/23)

Please tick which service you require:

Standard Application (target turnaround 20 working days) **£32.00**

Fast Track Application (target turnaround 2 working days) **£70.00**
The Fast Track Service can only be guaranteed for correctly completed applications.

Change registered name of horse **£16.00**

Recorded Delivery Return **£5.00**
(non-applicable for Fast Track applications as Special Delivery return is included in the fee) - covers postage of up to 3 passports.

I enclose my cheque/postal order payable to Weatherbys for the sum of £

Please debit my Weatherbys Account number

Please charge my Debit/Credit Card - For Data Protection, a member of staff will contact you for your card details.

SECTION D : DECLARATION

I certify that I have completed the above application form to the best of my knowledge and the details I have given are accurate in all respects. I also confirm that the original passport has been lost or destroyed. I enclose fresh markings taken by a vet who also checked for a microchip and recorded any found. I understand that my name and address will be entered in the passport at issue and that the horse/pony will be signed out of the human food chain as required under Equine Passport Regulations.

Signed: _____ **OWNER/KEEPER/REP OF OWNER (please delete as applicable)**

Print Name: _____ **Date:** _____

If you would like to hear from us about our products and services, and also receive relevant communications from carefully selected partners we will need your specific consent. Please note that if you have previously received a complimentary copy of The Weatherbys Stallion Book, you will need to opt in to receiving communication by post. Your data preferences will not affect our normal communications with you as a Weatherbys customer.

Yes please, I would like to receive communications by All Email Post Telephone Text

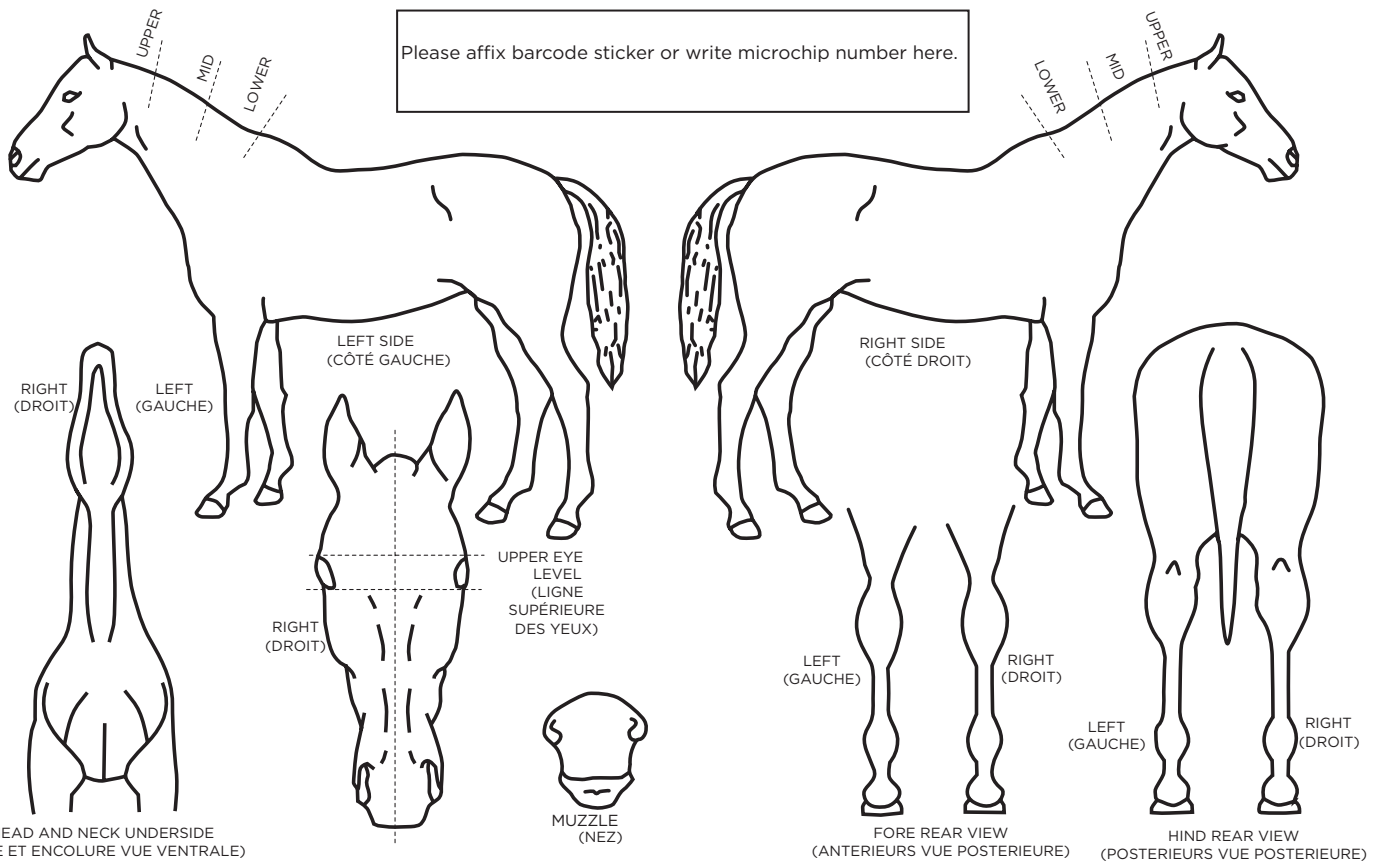
No thank you, I would NOT like to receive communications.

Please send this form completed both sides, together with your payment to Weatherbys ID Passports,
Sanders Road Wellingborough Northamptonshire NN8 4BX
Telephone: +44 (0) 1933 304808 Email: passports@weatherbys.co.uk www.weatherbys.co.uk

HORSE/PONY DETAILS UNIQUE EQUINE LIFE NUMBER - 8260480000_ _ _ _

NAME (NOM)	SPECIES (RACE) (e.g. horse, pony etc)	COLOUR (ROBE)	SEX (SEXE)	YEAR OF BIRTH (ANNEE)
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LEGS (JAMBES)	HEAD (TETE)	
	LEFT FRONT (ANTERIEUR GAUCHE)	
	RIGHT FRONT (ANTERIEUR DROIT)	
	LEFT BACK (POSTERIEUR GAUCHE)	
	RIGHT BACK (POSTERIEUR DROIT)	
BODY (including neck) (CORPS) (compris le cou)		
ACQUIRED MARKS (MARQUES ACQUISES)		



Please affix barcode sticker or write microchip number here.

I certify that the markings are a true representation of the equine presented and that I:

- *a) inserted a microchip into the equine
- *b) scanned and read a microchip previously inserted

Date and place of examination

Date et lieu de l'examen

/ /

Veterinary Stamp

Signature of Veterinary Surgeon
