

**Infrastructure, Housing and Environment
Animal Health and Welfare**

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**EU Legislation (Veterinary and Zootechnical Checks – Trade with Member States) (Jersey)
Regulations 2016**

Application for the export of an equine to an EU Member State

To export equines from Jersey to an EU Member State, you are required to complete the following export application form.

If any amendments are required after this application has been submitted, a new application will need to be completed and submitted.

Please ensure the relevant fee is submitted with your application.

The fee for each certificate required is £67.00. Cheques should be made payable to 'The Treasurer of the States'.

Please allow 10 working days to process your application.

All equines need to be accompanied by a valid equine passport, a valid export health certificate and if necessary, a supplementary identification document.

Please read declaration notes in Section 13 prior to completing this form.

Section 1. Consignor (the person exporting the equines)

Name

Address

Postcode

Contact number

Email

Section 2. Consignee (the person receiving the equines)

Name

Address

Postcode

Contact number

Email

Section 3. Origin address of equine

Address

Registration no.

Postcode

Contact number

Section 4. Destination address of equine

Address

Registration no.

Postcode

Contact number

Section 5. Status of export: purpose (tick one)

Re-export within 30 days of import from EU

Definitive export

Section 6. Type of movement (tick one)

Private

Commercial

If *commercial* please complete the following section.

Animal Transporter Authorisation Reference *

A copy of your Animal Transporter Authorisation (Council Regulation (EC) No 1/2005 (Articles 10 and 11)) must be attached to this application.

Section 7. Horse passport and identifier

Passport authorisation competent authority

Does the horse passport have a section IX? (without a section IX the horse cannot be exported)

Yes

No

Identification system

Anatomic place of identifier on animal

Section 8. Transport details

Date of export

Time of export

Estimated duration of journey in hh:mm (from time of loading at stables to time of unloading at final destination)

Transport type (tick all that apply)

Sea

Air

Road

Vehicle registration

Vessel Name

Ferry booking reference

Name of entry Border Control Post (BCP) in EU

Section 9. Transporter driving the vehicle

Name

Address

Postcode

Contact number

Email

Section 10. Particulars of animal to be exported (Complete one row of the table per horse. If transporting more than 3 horses please fill out an additional table and attach to the application form).

Equine 1. Species*	Sex**	Age**	Microchip Number	Passport No.	Status Registered/ Unregistered	Registration no. and issuing organisation
Equine 2. Species*	Sex**	Age**	Microchip Number	Passport No.	Status Registered/ Unregistered	Registration no. and issuing organisation
Equine 3. Species*	Sex**	Age***	Microchip Number	Passport No.	Status Registered/ Unregistered	Registration no. and issuing organisation

* Species: Horse, Ass, Mule, Hinny

**Sex : M = Male, F = Female, C = Castrated

***Age: In Years and Months

Please Note: The equine passport must be available at time of examination by the Veterinary Surgeon. For details on obtaining a Horse Passport for your animal, please contact a recognised breeding society or Passport Issuing Organisation.

Section 11. Nomination of Veterinary Surgeon
(check your vet is officially authorised to provide this certification)

Name

Address

Postcode

Contact number

Important information:

Before signing this form please read the declaration notes and consent information carefully. The notes set out your agreement and understanding of your responsibilities regarding the export of live equines. The consent information explains how your information will be used and provides a brief description of your rights under Jersey's Data Protection Law. For further information on how Infrastructure, Housing and Environment handles personal data please visit:

www.gov.je/howweuseyourinfo.

In relation to the Disability Access Law (Discrimination (Disability) (Jersey) 2018), if you require this form in an alternative format, please contact the department via the contact details at the top of this form.

Declaration notes: I confirm and agree

- That this application is made with my authority and the information supplied in this form is accurate to the best of my knowledge; I am aware that it's an offence to knowingly submit false or misleading information with an application.
- That it is my responsibility to adhere to any requirements laid down by the country I am importing to.
- No liability for any losses incurred can be accepted by you if the certificate issued does not meet the importing country's requirements.
- That in the event of suspicion or confirmation of disease, after certification, it may be necessary for you to withdraw or cancel the health certificate without notice. No liability for losses incurred can be accepted by you should these circumstances arise.

Your consent: I confirm and agree

- To information supplied in this form, together with any other accompanying information to be used for the purpose of processing my application for a health certificate for the exportation of a horse(s) to an EU Member State in accordance with the EU Legislation (Veterinary and Zootechnical Checks – Trade with Member States) (Jersey) Regulations 2016.
- That information provided in this form, together with any other accompanying information may be disclosed to the organisations listed below where it is necessary. For example, to carry out compliance checks and investigations concerning breaches or potential breaches of law, for enforcement purposes and for statistical reporting.
 - to the authorised veterinary surgeon to carry out any veterinary procedures required for the export
 - Customs and Immigration Service
 - other competent veterinary authorities in the EU – the authorities will be informed in the member state of destination and other EU states the equine(s) pass through
- I understand that you will not use my personal information for any further purpose, without my permission, or unless you are legally required to do so.
- I understand that under Jersey's Data Protection Law I have the right to withdraw my consent to the further processing of my information. However, I understand that this may cause delays in administering my application, affect the successful issue of the health certificate or cause me to be in breach of other legal requirements. (Should you wish to exercise this right please contact us on tel. 441600)

Consignor declaration

Full name

Signature

Contact number