

Application form for Original Horse Passport

To be submitted to the passport-issuing agency, the Koninklijke Vereniging ‘Het Friesch Paarden-Stamboek’

This form should be completed in full and sent to the KFPS (Postbus 624, 9200 AP Drachten, The Netherlands). Incomplete applications cannot be processed.

Horse’s microchip number:

If this application involves an application for an original passport for a foal, submitting the completed ‘identification & registration form for horse passport officer’ including barcode labels will be sufficient. For foal registration, the owner should also accompany these items with the original registration certificate (foal’s birth confirmation).

Applicant’s details (owner/manager)

First initial(s) and last name	
Street address	
Remaining address details including country	
Telephone no.	
If KFPS member, give membership no.	R-

Owner’s details (to be completed by the applicant if he/she is not the owner)

First initial(s) and last name	
Street address	
Remaining address details including country	
Telephone no.	
If KFPS member, give membership no.	R-

Equine animal’s details

The equine animal is* / is not* registered (*please cross out what does not apply).

If yes, registration number:

Type	horse pony donkey zebra other:
Name	
Commercial name	
Date of birth	
Life number	
Gender	stallion mare gelding

Do color and description agree with the registration certificate?

yes

no (enter complete new description)

Description

Color
Head
RF
LF
LH
RH
Characteristics

Checklist for horse passport officer / qualified veterinarian (check off as soon as conducted)

- description verified
- presence of microchip verified
- microchip implanted and its operation verified
- copy (original) of registration form and/or passport included
- barcode label attached to registration form and registration certificate
- checked for presence of clinical signs of surgical procedure to remove a formerly implanted microchip

Name of horse passport officer / qualified veterinarian:

Tel. no.:

Date:

Signature:

Signature of applicant:

Date:

SEND THIS FORM WITHIN 7 DAYS OF COMPLETION TO THE PASSPORT-ISSUING AGENCY. THE VALIDITY OF THIS APPLICATION FORM WILL EXPIRE AFTER 7 DAYS!

Single direct debit mandate

The undersigned (applicant) hereby grants the Friesche Paarden-Stamboek a single direct debit mandate to deduct the amount due resulting from the application for an original horse passport from his/her bank/giro account (listed below).

Regarding the horse/foal:

Bank/giro account number:

First initial(s) and last name:

Street address, remaining address details, including country:

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Date:

Signature: