

**Application for registration of an Equine Premises under the Control on Places where Horses are Kept Regulations 2014 (S.I. No 113 of 2014).**



Department of  
**Agriculture, Food and the Marine**  
An Roinn  
**Talmhaíochta, Bia agus Mara**

**HR1**

- A person may not have an equine in his/her possession or under his/her control unless the details of his/her premises are registered.
- All Registered premises must have a nominated keeper \*
- Upon Registration an Equine premises number – called a herdnumber - will be issued to the applicant.
- Holdings that are already registered to keep cattle and/or sheep/goats will have their registration amended to include horses.

**SECTION A: PREMISES AND APPLICANT DETAILS**

**1. Equine Premises Address -** *(Print clearly using block capitals as appropriate)*

Enter address of holding in box below

<p><b>Area in Hectares</b> (not applicable in the case of shows, sales, gymkhanas, racecourses, hunts, veterinary hospitals, farriers, pounds, studs, fairs )</p>	

For Official Use Only	
<b>X</b>	
<b>Y</b>	
<b>Long</b>	
<b>Lat</b>	
<b>DED</b>	

If you have more than one premises with horses please list these below- (Note separate equine premises must be registered separately)

**Addresses of other Equine Premises**


**2. Details of Owner/Person in Charge of Equine Premises**

*(Please Tick ✓ or print clearly using block capitals as appropriate)*

**All applicants must be over 18 years of age**

**If Owner/person in charge is an individual**

Mr <input type="checkbox"/> Othe <input type="checkbox"/>  Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	<b>Owner's First Name(s)</b>  <b>Owner's Surname:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">Name Known by (if different):</td> </tr> <tr><td colspan="2" style="height: 25px;"></td></tr> </table>		Name Known by (if different):			
	Name Known by (if different):						
Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">DD</td> <td style="width: 20px;">MM</td> <td style="width: 20px;">YY</td> </tr> </table>		DD	MM	YY	<b>Address:</b>		
DD	MM	YY					
PPS No							

**If Owner is a Company**

Company name:-

Trading name :-

Postal Address of owner:-

Company Registration Number   
 VAT Number

Home Tel. No.	<input type="text"/>	Fax No.	<input type="text"/>
Mobile Tel. No	<input type="text"/>	E-Mail Address	<input type="text"/>

**3. Existing Herd Number**

**A. Are there currently registered herd numbers of other species (ie. Cattle, Sheep, Poultry, Pigs) located on/at this holding?**      Yes       No       *Please Tick ✓ relevant box.*

**If Yes**, give the Herd No(s). of holding(s),

<b><u>Herd Type</u></b> (ie. Cattle, Sheep, Poultry, Pigs, Equine)	<b><u>Herd Number</u></b>							
	P	1	2	3	4	5	6	X
<i>Example</i> Cattle								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								

**4. Equine Keeper’s details (Note: If the keeper of the equines on this premises is the same as the owner/person-in-charge there is no need to fill in this section)**

*Please note: In all cases one(1) individual only must be nominated in the role of the “keeper” of the equines present on the holding and be responsible for the health, welfare and passports of the equines. A “Keeper” means any natural person responsible for equines. The term “Keeper” is not intended to imply ownership of the equines under his/her control. \* Keeper details are not required in the case of equine enterprises (such as shows, sales, gymkhanas, racecourses, hunts, veterinary hospitals, farriers, pounds, studs, fairs) to which temporary movements are the norm. Contact details of the person(s) –in – charge of such enterprises are required.*

*(Please Tick ✓ or print clearly using block capitals as appropriate)*

Mr <input type="checkbox"/> Othe <input type="checkbox"/>	<b>Keeper’s First Name(s):</b>	<input type="text"/>	Name Known by (if different):	<input type="text"/>
Mrs. <input type="checkbox"/> Ms <input type="checkbox"/>	<b>Keeper’s Surname:</b>	<input type="text"/>		

<b>Date of Birth</b>	DD	MM	YY	<b>PPS No</b>	<input type="text"/>
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**Signature of Keeper**

*All nominated keepers must be over 18 years of age*

Address to which all correspondence, legal or otherwise, is to be sent:-


Home Tel. No.		Fax Number	
Mobile Tel. No.		E-Mail Address	

## **5. Dealer**

Are you a “dealer” in equines?    Yes        No        *Please Tick ✓ relevant box.  
(do you buy and resell horses/other equines for a livelihood?)*

## **SECTION B: PREMISES DETAILS**

### **6. Type of Equine Enterprise**

<b>Type of Premises</b>	<i>Please Tick one or more</i>
<b>Farm/Rearing</b>	
<b>Training</b>	
<b>Livery</b>	
<b>Pet/Leisure</b>	
<b>Riding School/Equestrian Centre</b>	
<b>Stud/Breeding/AI</b>	
<b>Pound</b>	
<b>Equine Hospital</b>	
<b>Show/Competition/Event/Racecourse</b>	
<b>Mart/Sales</b>	
<b>Other (e.g. hunts)</b>	

If Other please give details

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## **7. Type of Equines**

Please Indicate Number in boxes below

<b>Equine Type</b>						
Thoroughbred	<input type="text"/>	Sport horse	<input type="text"/>	Other	<input type="text"/>	
Pony	<input type="text"/>	Donkey	<input type="text"/>			
					Total Equines	<input type="text"/>

If Other Please Give Details

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## **8. Veterinary Practitioners**

<b>Attendant Veterinary Practitioner(s)</b> who provides your Equine Animal Health Services.	<b>Name</b>	
	<b>Address</b>	
<b>Phone No.</b>		
<b>Emergency Veterinary Practitioner(s)</b> who provides emergency cover (if different to attendant veterinary practitioner, above)	<b>Name</b>	
	<b>Address</b>	
<b>Phone No.</b>		

## **SECTION C: Declaration/Agreement.**

### **9. Declaration/Agreement.**

*I, the undersigned, hereby apply for Registration of an Equine Premises under the Control on Places where Horses are Kept Regulations 2014, I declare that all the information provided by me in connection with this application is accurate, complete and true to the best of my knowledge, information and belief and that I am over 18 years of age.*

*I undertake to keep such records as may be required by the Department of Agriculture, Food and the Marine.*

It is also expressly agreed and understood that the carrying out of any tests or inspections by officers authorised under the Diseases of Animals Act is **WITHOUT LIABILITY OF ANY KIND ON THE PART OF THE AUTHORISED OFFICER OR THE MINISTER FOR AGRICULTURE, FOOD and MARINE OR HIS/HER EMPLOYEES.**

Signature of Applicant: - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

**All applicants must be over 18 years of age**

Please return this application form to **your local regional office of the Department.**