

## APPLICATION FORM FOR AN EU PET PASSPORT

(PETS PREPARED IN IRELAND ONLY)



**ALL INFORMATION MUST BE LEGIBLE AND COMPLETED IN BLOCK CAPITALS.**

### SECTION 1: OWNER DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Intended Date of Travel Abroad: \_\_\_\_\_

### SECTION 2: DESCRIPTION OF PET

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Coat colour and type: \_\_\_\_\_

**Please circle as appropriate**

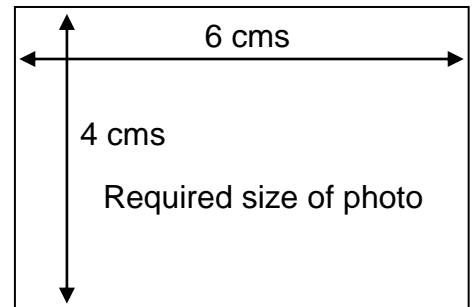
**Species:** Dog / Cat / Ferret

**Sex:** Male / Female

### OPTIONAL PHOTOGRAPH

**Photograph attached: Yes / No**

If included, please enclose a clear photograph featuring the **pet only**. Write the microchip number or name of pet on the back and attach using a paperclip. Do not staple or glue the photograph to this application form.



### SECTION 3: IDENTIFICATION OF ANIMAL

Microchip Number: \_\_\_\_\_ Date of microchipping: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Location of microchip: (e.g. neck, shoulder, etc.) \_\_\_\_\_

### SECTION 4: VETERINARY PRACTITIONER DETAILS

Veterinary Practitioner name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

\_\_\_\_\_ Telephone No(s): \_\_\_\_\_

### SECTION 5: DECLARATION BY VETERINARY PRACTITIONER

I hereby declare that the particulars stated on this form are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please send completed application forms to: ***The Department of Agriculture, Food and the Marine, Special Projects Unit, Floor 4 Centre, Agriculture House, Kildare Street, Dublin 2.*** All pet passports are issued directly to the Veterinary Practitioner.