



<b>For Official Use Only</b>	Entered:
Passport No.	Checked:
IEA	Issued:

## APPLICATION FORM FOR AN EU PET PASSPORT (PETS PREPARED IN IRELAND ONLY)

(You should bring this application form to your vet for completion)

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

### **SECTION 1: OWNER DETAILS**

Christian Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Telephone \_\_\_\_\_

**\*\*Intended Date of Travel Abroad:\*\*** \_\_\_\_\_ (Enter "None" if not travelling)

### **SECTION 2: DESCRIPTION OF PET**

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

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

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

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

**Please circle as appropriate**

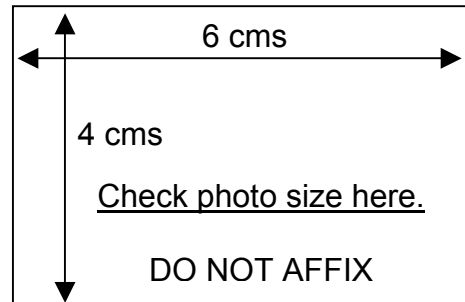
**Species:** Dog / Cat / Ferret

**Sex:** Male / Female

**Photograph attached:** Yes / No

### **OPTIONAL PHOTOGRAPH**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed application forms should be sent to: *The Department of Agriculture and Food, Special Projects Unit, Floor 4 Centre, Agriculture House, Kildare Street, Dublin 2.*

All pet passports are issued by registered post directly to your Veterinary Practitioner.