



The Dales Pony Society

Patron HRH the former Prince of Wales

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Microchip Update Form

This form should only be used for the horse named below.

From 2009 all foals registered had an implanted microchip. New laws in England (from 01/10/20), Wales (from 12/02/21) and Scotland (from 28/03/21) now require all older horses to be microchipped and passports to be updated.

NAME OF HORSE:

Sex: Colour: Date of Birth (if known):

UELN Number:

ORIGINAL PASSPORT ISSUING ORGANISATION:

PASSPORT NUMBER IF DIFFERENT FROM THE UELN:

MICROCHIP IMPLANTED: *PLACE Microchip Sticker here*

If another microchip found please write in number here.

OWNER:

ADDRESS:

.....POSTCODE:

Personal information that you supply to us may be used in a number of ways. For example: to contact you about a passport application process or to share the passport information with DEFRA and other Passport Issuing Organisations, in order to fulfil our legal obligations. Full details of our privacy policy can be found on our website; if you prefer a hard copy, please ask the Secretary.

Please implant the microchip and return this form together with any spare microchip stickers to the Dales Pony Society assuming the DPS issued the passport. Please note that if an overseas passport this may be an overstamp with a British Breed Society.

Please ensure that the microchip sticker is inserted into the passport where indicated and that the completed form is then posted to the Dales Pony Society. In all cases the veterinary surgeon doing the microchipping must ensure that:

- the animal presented matches the silhouette recorded within the passport, including hoof colour
- the animal is scanned thoroughly to check no previous microchips have been implanted before inserting any new microchip
- the silhouette is updated with the microchip number only and that this form is then signed, dated and stamped to verify the amendment
- No markings or descriptions are altered

I confirm that I have identified the horse named above to its passport and implanted a microchip.

Name and Veterinary Practice Stamp of Veterinary Surgeon on the day.

SIGNED: DATE:

Stamped: