

Steve Troxler Commissioner

### North Carolina Department of Agriculture and Consumer Services Veterinary Division

David T. Marshall, DVM State Veterinarian

| To | Whom | It May | Concern: |
|----|------|--------|----------|
|----|------|--------|----------|

As per your request for information regarding the Equine Passport, enclosed you will find an Application for Equine Event Permit. In order for you to receive an Equine Passport, the application must be filled out in full, signed and returned to our office with a copy of a current Certificate of Veterinary Care and EIA Test Record. You will also need to provide complete (head to hooves) pictures (left side, right side and front view), digital or traditional, of your horse. The digital photos may be emailed to joe.web@ncmail.net. Once the application, proper paperwork and \$5.00 permit fee have been received in our office your Equine Event Permit will be issued.

If you have any questions please contact our office at (919) 733-7601.

Sincerely,

David T. Marshall, DVM State Veterinarian

DTM/arr

**Enclosures** 

**Office Use Only** 

| Permit Number |  |
|---------------|--|
| Date Issued   |  |



# North Carolina Department of Agriculture & Consumer Services Veterinary Division Application for Equine Event Permit

In making application for an Equine Event Permit, I have attached a copy of the Certificate of Veterinary Inspection and EIA Test Record. I understand that this permit is issued by the State of North Carolina and all travel requires that an original EIA Test Record, a complete travel itinerary listing all events and transport occurring during the passport's active status, and the Equine Event Permit accompany the horse. If a microchip is used as a means of identification, I also agree to provide regulatory authorities immediate access to a functional microchip scanner, if requested. Violators of any requirement of the passport program are subject to the laws of the state where the violation occurs and may range from immediate return to the state of origin to revocation of passport and civil penalties or criminal prosecution. A \$5.00 fee for processing the permit is required. Make check or money order payable to the NCDA&CS Veterinary Division.

#### **Owner Information**

| Owner Nam      | e:               |        |       |      |
|----------------|------------------|--------|-------|------|
| Address:       |                  |        |       |      |
| City, State, 2 | Zip Code:        |        |       |      |
| Phone Num      | ber:             | _      | _     |      |
| Veterinarian   | Information      |        |       |      |
| Veterinarian   | Name:            |        |       |      |
| Address:       |                  |        |       |      |
| City, State, 2 | Zip Code:        |        |       |      |
| Phone Numb     | ber:             |        |       |      |
|                | cate of Veterina | -      | ed    |      |
| Breed:         | Sex:             | Color: | Name: | Age: |
|                |                  |        |       |      |

| Tattoo  |  |                              |                      |
|---|--|------------------------------|----------------------|
| Microchip   |  |                              |                      |
| wher ochip  |  |                              |                      |
| Detailed Description                                      | on or Markings   |                              |                      |
|   |  |                              |                      |
|   |  |                              |                      |
|   |  |                              |                      |
|   |  |                              |                      |
| EIA Information   |  |                              |                      |
| Results of Test:  | Lab Accession No.:                                     | Lab Performing Test:         | Date of Test:        |
|   |  |                              |                      |
| State Exceptions  |  |                              |                      |
| I understand the fol                                      | lowing:  |                              |                      |
| i unacistana me iui                                       | aphs are not recognized as                             |                              |                      |
| <ul> <li>Digital photogra</li> </ul>                      |  | recorded within the previous | ous seven (7) months |
| <ul><li>Digital photogra</li><li>An EIA Test Re</li></ul> | ecord with negative results ravel to Arkansas and Okla | -                            |                      |

#### PLEASE SIGN COMPLETED APPLICATION AND REMIT TO:

NCDA&CS Veterinary Division 1030 Mail Service Center Raleigh, North Carolina 27699-1030

Phone: (919) 733-7601 Fax: (919) 733-2277

FORM NCEQ04 2/20/2004

**Horse Identification Method Used** 



#### North Carolina Department of Agriculture & Consumer Services Veterinary Division

## **Equine Event Permit Travel Itinerary**

| Departure<br>Date | In Transit Stops | Destination | Return<br>Date | Purpose of Trip |
|-------------------|------------------|-------------|----------------|-----------------|
|                   |                  |             |                |                 |
|                   |                  |             |                |                 |
|                   |                  |             |                |                 |
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|                   |                  |             |                |                 |
|                   |                  |             |                |                 |

As part of the permit agreement, an accurate, up to date transport record is required to be kept by the owner or transporter at all times.

- 1. The permit number recorded below must be the same as that listed on the permit.
- 2. Additional sheets of itinerary may be added and attached as necessary.

I hereby certify that all travel has been recorded for the period that the permit is valid. The original signed copy must be available at all time during transport of the horse. Upon permit expiration, the complete travel itinerary must be forwarded to the office of the State Veterinarian issuing the permit.

| Owner/Agent Signature | Permit Number |
|-----------------------|---------------|