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**ADDING A NEW HORSE TO A RIDING ESTABLISHMENT LICENCE**

**The Animal Welfare (Licensing of Activities Involving Animals)(England) Regulations 2018**

Schedule 2 Condition 3 in the Statutory Guidance to the Regulations requires that licence holders must inform their local authority of changes to the list of horses being used and provide evidence that a veterinarian has deemed new horses as fit for the purpose for which they will be used. The licence would then be varied by the local authority.

***To be completed by the proprietor/manager***

I am the proprietor/manager of:

|  |  |
| --- | --- |
| **Riding establishment name:** |  |

The most recent annual inspection was performed on:

|  |  |
| --- | --- |
| **Date:** |  |
| By:**(insert vets name)** |  |

Following that inspection, the horse(s) listed below have been acquired and introduced to the establishment for the purpose of the activities indicated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Colour:** |  | **Height** |  |
| **microchip number**  |  |
| **Passport unique life number**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **colour:** |  | **Height** |  |
| **Chip number**  |  |
| **Passport unique life number**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **colour:** |  | **Height** |  |
| **Chip number**  |  |
| **Passport unique life number**  |  |

I would like the following horses removed from the licence:-

…………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………..

Signed ……………………………………………………………………………………………………………..

*(proprietor/manager)*

Date ……………………………………………………………………………………………………………..

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***To be completed by the veterinary surgeon***

I have inspected the horse(s) listed above and confirm that they are suitable to join the above named riding establishment for the activities indicated. In making this decision I have had regard to such matters as soundness, and the condition of the horses' eyes and heart.

Signed ……………………………………………………………………………………………………………

*(veterinary surgeon)*

RCVS Registration no: ………………………………………………………………………………………….

Dated ………………………………………………………………………………………………………………

**NOTE TO THE PROPRIETOR/MANAGER**

SEND A COPY OF THIS COMPLETED FORM TO YOUR LOCAL AUTHORITY