

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

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**Veterinary Inspector's Report – Statement of Horse Fitness to Return to  
Work**

**Part 1 – To be completed by the proprietor/manager**

The horse/s listed below were withdrawn from:

<b>Name of Establishment</b>	
<b>Licence Number</b>	

On:

<b>Date</b>	
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Following the annual veterinary inspection of the premises by:

<b>Establishment Veterinary Inspector's Name</b>	
<b>RCVS Registration Number</b>	

I have, at my own expense, obtained this veterinary certificate to confirm that the horse/s listed below are fit to return to work.

**Horse/s withdrawn but now fit to return to work:**

<b>Name: (Including Pet Name)</b>					
<b>Year of Birth / DOB:</b>		<b>Sex: (M/F)</b>		<b>Height: (Hands Approx.)</b>	
<b>Colour:</b>				<b>Part Livery:</b>	Yes    No
<b>Passport:</b>	Yes	No	<b>Passport Number:</b>		
<b>Microchipped:</b>	Yes	No	<b>Microchip Number:</b>		
<b>Fit for Licensable Activities:</b>	Yes	No			

<b>Name: (Including Pet Name)</b>							
<b>Year of Birth / DOB:</b>		<b>Sex: (M/F)</b>		<b>Height: (Hands Approx.)</b>			
<b>Colour:</b>				<b>Part Livery:</b>	Yes	No	
<b>Passport:</b>	Yes	No	<b>Passport Number:</b>				
<b>Microchipped:</b>	Yes	No	<b>Microchip Number:</b>				
<b>Fit for Licensable Activities:</b>	Yes	No					

(Delete if non-applicable)

<b>Name: (Including Pet Name)</b>							
<b>Year of Birth / DOB:</b>		<b>Sex: (M/F)</b>		<b>Height: (Hands Approx.)</b>			
<b>Colour:</b>				<b>Part Livery:</b>	Yes	No	
<b>Passport:</b>	Yes	No	<b>Passport Number:</b>				
<b>Microchipped:</b>	Yes	No	<b>Microchip Number:</b>				
<b>Fit for Licensable Activities:</b>	Yes	No					

(Delete if non-applicable)

## DECLARATION

I \_\_\_\_\_, the proprietor/manager of the establishment, confirm that the information I have provided above is accurate to the best of my knowledge and belief.

Signed: .....

Date: .....

*Part 2 overleaf to be completed by the veterinary surgeon*

**Part 2 – To be completed by the veterinary surgeon\***

*\*The veterinary surgeon completing this statement should not be the veterinary surgeon who performed the annual inspection and withdrew the horse/s.*

This inspection must only be carried out by a suitably qualified veterinary surgeon who is registered with the RCVS to practice in England.

Please provide a summary of any investigations, medical or surgical treatment performed, and/or any ongoing treatment/medication, and state any recommendations for restrictions in use or further veterinary assessment. Please use a separate sheet if more room is necessary.

<b>Name:</b>			
<b>Fit for Licensable Activity:</b>	Yes	No	
<b>Details:</b>			

<b>Name:</b>			
<b>Fit for Licensable Activity:</b>	Yes	No	
<b>Details:</b>			

(Delete if non-applicable)

<b>Name:</b>			
<b>Fit for Licensable Activity:</b>	Yes	No	
<b>Details:</b>			

(Delete if non-applicable)

**DECLARATION**

I \_\_\_\_\_, veterinarian, have examined the horse/s listed above and confirm that they are now fit to return to work, and that the information I have provided above is accurate to the best of my knowledge and belief.

**Signed:** .....

**Veterinary Practice:** .....

**RCVS Registration Number:** .....

**Date:** .....

**NOTE TO THE PROPRIETOR/MANAGER**

A copy of this report is to be sent to the following address:

Herefordshire Council  
Licensing Team  
Plough Lane  
Herefordshire  
HR4 0LE

Email: [licensing@herefordshire.gov.uk](mailto:licensing@herefordshire.gov.uk)

Telephone Number: 01432 261761