SECTION IX
Administration of veterinary medicinal products

Unique life number

NOT INTENDED FOR SLAUGHTER FOR HUMAN CONSUMPTION (TO COMPLY WITH EU REGULATIONS)

Part I

Date and place of issue of this Section (1): .....

Issuing body for this Section of the identification document (1): .....

Part II

Note: The equine animal is not intended for slaughter for human consumption.
The equine animal may therefore undergo the administration of veterinary medicinal products authorised in accordance with Article 6(3) or those administered in accordance with Article 10(2) of Directive 2001/82/EC.

I, the undersigned owner (2)/representative of the owner (2)/keeper (2) declare that the equine animal described in this identification document is not intended for slaughter for human consumption.

Date and place	Name in capitals and signature of the owner, representative of the owner or keeper of the animal	Name in capital letters and signature of the veterinarian responsible acting in accordance with the Article 10(2) of Directive 2001/82/EC
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....

SECTION IX — Administration of veterinary medicinal products — Continued

I, the undersigned owner (2)/representative of the owner (2)/keeper (2) declare that the equine animal described in this identification document is not intended for slaughter for human consumption.

Date and place	Name in capitals and signature of the owner, representative of the owner or keeper of the animal	Name in capital letters and signature of the veterinarian responsible acting in accordance with the Article 10(2) of Directive 2001/82/EC
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....
Date ..... Place	Name ..... Signature	Name ..... Signature .....

SPECIMEN