



Please Note: N.B. Keeper must be over 18 years

*Please read the information and guidance notes to assist you through this application.

Section A: Application Type

Please tick the relevant box below ✓

Is this an application for...

- 1) Registering a new herd number?
- 2) Reactivating an existing dormant herd number?
- 3) Change of registration of an existing herd number?
- 4) Change of keeper only?
- 5) Scheme purposes only?

✓

Herd Number

If this application relates to the division of an existing holding, please provide the details below.

If there is a change of keeper a full HR1 form must be completed.

Operator 1 - Herd owner:

“herdowner” means an “operator” as defined in EU Regulation 2016/429 who has a beneficial interest in a herd and is registering that interest under this application.

Operator 2 Keeper:

“keeper” means an “operator” as defined in EU regulation 2016/429 who is registered as the keeper of a herd and who is, irrespective of ownership, responsible for the day-to-day care and welfare of the herd.

A herdowner, who is not the keeper, shall be considered responsible with the keeper for the herd and the holding for the purposes of these Regulations.

DAFM communicates with customers using a variety of mediums:

If you do not want to receive text messages from the Department, please tick the box

If you do not want to receive emails from the Department, please tick the box

Herd Register:

If a herd number is granted you are obliged by law to maintain a herd register under SI 254 of 2023. The details to be maintained in this register include:

- the number of equines present on your establishment,
- the individual universal equine life number (UELN) for each equine,
- for each equine the date of birth on the establishment, the date of natural death, loss or slaughter or movement on to or off your establishment.
- You must also keep details of the establishment from and where to equines from your establishment move including the herd number and operator name and address of those establishments.
- You are also required to keep a record of all medicines administered to the equines on your premises.

Section B: Herdowner Information

One or more persons and/or companies can be registered as Herdowner(s) for the herd.

- Complete Part One to register individual(s)
- Complete Part Two to register companies
- Complete both parts to register individuals and companies

Applicant Name or Trading Name

Part One Register Individuals as Herdowner (Operator 1)

	Applicant 1			Applicant 2			Applicant 3		
Title - required (e.g., Mr, Mrs, Ms, Miss)									
Forename - required									
Surname - required									
Name known by									
Gender - required (please circle)	Female	Male	Non-Binary	Female	Male	Non-Binary	Female	Male	Non-Binary
Date of Birth - required									
Nationality - required									
Farmer Status - required (please circle)	Full time	Part time	non-Farmer	Full time	Part time	non-Farmer	Full time	Part time	non-Farmer
PPS Number - required									
Correspondence Address Line 1 - required									
Address Line 2 - required									
Address Line 3									
County - required									
Country - required									
Eircode - required									
Home Phone									
Mobile Phone - required									
Email Address – required to receive emails									

Part 2 Register Companies as Herdowner

	Company 1		Company 2		Company 3	
Company Name – required						
Company Secretary Forename – required						
Company Secretary Surname – required						
Nationality – required						
Farmer Status (please circle)	Full time	Part time	non-Farmer	Full time	Part time	non-Farmer
VAT Number -						
CRO Number – required						
Tax Reference Number – required						
Tax Access Code – optional						

Correspondence Address Line 1 – required	
Address Line 2 – required	
Address Line 3	
County	
Eircode – required	

Business Phone Number – required	
Mobile Phone Number - required	
Email Address – required Trading Name	

Supporting documentation Required – Certificate of Incorporation, A1, B1, B10 as required.

Section C: Nominated Keeper details. (Operator 2)

This must be an individual over 18 years. A Herdowner may also be the Keeper.

Title - required (e.g., Mr, Mrs, Ms, Miss)

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Forename – required

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Surname – required

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Name known by

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Gender – required

Female	Male	Non-Binary
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Date of Birth – required

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Nationality

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Farmer Status - required (please circle)

Full time	Part time
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PPS Number – required

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Postal Address Line 1 – required

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Address Line 2 – required

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Address Line 3

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County – required

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Country – required

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Eircode – required

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Home Phone

--

Mobile Phone – required

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Email Address – required to receive emails

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I confirm that the above details are correct.

Signature of keeper _____

DD ____ MM ____ YYYY _____

The keeper must also sign the declaration / agreement in Section L on page 12.

Section D: removal of herdowner(s) from the herd number

Registered Herdowners to be removed from the herd

Name	PPS/Tax Reference Number	Reason for Removal (Circle)		
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason

Section D (2): Please complete the section below if the herdowner is not deceased, or if a partnership or company has not dissolved.

If the previous registered person is not deceased, they must answer the following questions and sign in the table below. The signature must be witnessed by a person on the approved list of witnesses (Peace Commissioner, member of An Garda Síochána, Commissioner for Oaths or Solicitor). We will also accept the signature of a member of local police force if based outside of Republic of Ireland.

✓ Yes No

Are you agreeable to the transfer of registration of the herd number to the new applicant?

Are you in a Registered Farm partnership? (if yes, please quote partnership number eg: RFP12345)

Please provide your RFP Number

Are you joining / making changes to the membership of Registered Farm Partnership?
(if yes, you must apply for a registered Farm Partnership Number, to do so contact farmpartnership@agriculture.gov.ie)

Do you wish to transfer any Basic Income Support for Sustainability (BISS) entitlements?
If yes, please log into your agfood.ie account and submit a transfer of entitlements application, and contact your agricultural advisor, if applicable.

Registered Herdowner Signature	Date	Independent Witness Signature (over 18)	Date

Section D (3): Please complete the section below if the herdowner is deceased, or if a partnership/company has dissolved.

Registered Herdowner /Company	Date of death / Company dissolve date

Please Note: If the previous registered person is deceased, or if a partnership, or a company has dissolved, please include proof of entitlement to use the lands with this application.

Section E: Details of other registered numbers the applicant(s) has with the Department

Is your name associated with any other numbers(s) registered with the Department of Agriculture, Food and the Marine (DAFM) (e.g., herd, dealer, ovine, poultry, equine, pig, schemes or registration numbers held with other individuals or in partnership, companies etc.)

Yes No

If yes, please provide herd registration numbers and holding addresses.

Registration Number	Species	Address

Please provide the reason for seeking an additional registered herd number

Section F: Establishment Address and Details of Lands including maps and proof of legal right to use lands

Please Note: All New, Reactivation or Transfer of ownership HR1 applications must be accompanied with written proof that the applicant has legitimate and legal right to use the lands associated with this application.

Address and location of the establishment (buildings, yards, lands, etc.) must be clearly marked and outlined on a map

Please supply Farm address if different from details supplied above in Section A or B

Address Line 1

Address Line 2

Address Line 3

County

Eircode (if available)

Folio Number (Required)

Land Parcel Identification System Number (LPIS)

Do you own the land, or is the land leased? please circle the below

owned leased short-term rental (conacre)

Please Note: For disease control purposes it shall be considered that any out-farm may require a separate herd number.

Please provide the details below

Home Farm Address	
Owned, leased or rented	
Expiry date of Lease/Rental Agreement if applicable	
Size in hectares	
Include Folio Number	
LPIS Number	

Out Farm 1 Address	
Owned, leased or rented	
Expiry date of Lease/Rental Agreement if applicable	
Size in hectares	
Include Folio Number (Required)	
LPIS Number	
Approximate distance from home farm (KM)	

Out Farm 2 Address	
Owned, leased or rented	
Expiry date of Lease/Rental Agreement if applicable	
Size in hectares	
Include Folio Number (Required)	
LPIS Number	
Approximate distance from home farm (KM)	

Out Farm 3 Address	
Owned, leased or rented	
Expiry date of Lease/Rental Agreement if applicable	
Size in hectares	
Include Folio Number (Required)	
LPIS Number	
Approximate distance from home farm (KM)	

Please read the questions below carefully before answering.

	✓ Yes	✓ No	✓ NA
1. Is there independent access and / or right of way to all land parcels?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are all entry points to adjoining holdings that are not part of this application permanently blocked?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there a permanent perimeter of stock proof fencing on the holding?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are there permanent and adequate handling facilities on the holding? (These are independent structures with solid foundations and made from materials that can be cleaned and disinfected).	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there permanent access to a suitable water supply for the animals?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there adequate feed provision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there adequate slurry / farmyard manure capacity to avoid environmental contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have appropriate over winter facilities and lighting for the number and type of animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there suitable isolation facilities for sick or injured animals on the holding?	<input type="checkbox"/>	<input type="checkbox"/>	
a) Are the isolation facilities permanent independent structures with solid foundations?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Do they have non-slip concrete floors?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Do they have a covered shelter?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Are they close to an animal handling facility?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Do they have adequate separation from the rest of the herd?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Do they have adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Do they have dry comfortable bedding?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Do they have a permanent water supply?	<input type="checkbox"/>	<input type="checkbox"/>	

Section G: Type of Equine Enterprise

Type of Premises	<i>Please Tick one or more</i>
Farm/Rearing	
Training	
Livery	
Pet/Leisure	
Riding School/Equestrian Centre	
Stud/Breeding/AI	
Pound	
Equine Hospital	
Show/Competition/Event/Racecourse	
Mart/Sales	
Other (e.g. hunts)	

If Other please give details

Section H: Type of Equines

Please Indicate Number in boxes below

<i>Equine Type</i>					
Thoroughbred	<input type="text"/>	Sport horse	<input type="text"/>	Other	<input type="text"/>
Pony	<input type="text"/>	Donkey	<input type="text"/>		

Total Equines	<input type="text"/>
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If Other, Please Give Details

What is the proposed number of equines in the herd within 18 months from the date of this application?

Section I: Veterinary Practice

Please provide details of the attending veterinary practice you currently use or propose to use.

Veterinary Practice Name

Address Line 1

Address Line 2

Address Line 3

County

Eircode

Phone Number

Section J: Direct Payments

Please complete the form for Agricultural Scheme Payments (DIR-CR-AGR-GDPR) to nominate the bank account to which direct payments will be made.

The form is available to download at the following link or QR Code.

[gov.ie](http://www.gov.ie) - [DIR-CR Bank Mandate Forms \(www.gov.ie\)](http://www.gov.ie)



Section K: Authorisation

If you wish to have a nominated person acting on your behalf for all DAFM related queries, please download and complete the DAFM AUTH4 form which is available at the following link or QR code.

[gov.ie](http://www.gov.ie) - [Authorisation Form to allow other nominated contact\(s\) to act on behalf of DAFM clients \(www.gov.ie\)](http://www.gov.ie)

Once complete please email the DAFM AUTH4 form to ccsadmin@agriculture.gov.ie



Section L: Conditions / Agreement

I, the undersigned, hereby apply to register as an operator and to register my establishment under the European Union (Animal Identification and Tracing) Regulations (S.I. 254 of 2023) and apply for a herd number and agree to be bound by the following conditions:

- (a) I undertake to maintain my herd as a discrete epidemiological unit and not intermix or keep on the holding stock under a different herd number.
- (b) I shall take all necessary steps to ensure the welfare of all animals in my possession or under my control are protected, that they are kept in conditions which meet their physiological and behavioural needs and that no animal is caused unnecessary pain, suffering or injury while in my care.
- (c) I undertake to comply with all the regulatory requirements for:
 - Registration and identification of all animals in/under my possession or control.
 - Notifying all births, deaths and movements of such animals as required.
 - Completing changes of ownership as required.
 - Keeping of a herd register.
 - Completion of an annual census on the understanding that failure to do so will result in my herd number being de-activated.
- (d) I undertake to maintain existing facilities and upgrade my animal housing, isolation facilities, handling, feeding, wastewater, farmyard manure slurry storage facilities in line with future herd expansion.
- (e) I will fulfil the provisions of the Animal Remedies Act and Regulations and keep an animal remedies record as provided for in the regulations.
- (f) I will comply with the regulatory requirements relating to Animal Health and Welfare, BSE controls and feeding stuffs.
- (g) I will dispose of fallen animals in compliance with the regulatory requirements.
- (h) I will notify the Department of Agriculture, Food and the Marine (DAFM) RVO of any material changes regarding the herd or holding which may affect the existing approval for any herd number granted under the Regulations. Where the entire holding is leased or rented, and the agreement expires, a new agreement must be submitted to DAFM in advance of the outdated lease or rental agreement. Failure to do so may result in your herd being suspended. If the entire holding is no longer in the same District Electrical Division (DED), it will be treated as a new application, and a new herd number may be assigned.
- (i) I hereby agree to facilitate and to provide adequate assistance for the carrying out of official tests, inspections, or sampling required on my herd / animal(s) by DAFM.
- (j) I hereby acknowledge that any private testing of my herd / animal(s) for diseases, for which a Disease Eradication programme is in operation must have advance approval of DAFM.
- (k) It is also expressly agreed and understood that the carrying out of any DAFM related tests, inspections or sampling is without liability of any kind on the part of the Minister for Agriculture, Food and the Marine or DAFM Officials.

I declare that all the information provided by me in connection with this application is accurate, complete, and true to the best of my knowledge, information, and belief and that I am over 18 years of age.

I have not withheld any information relevant to approval under the Regulations, false or misleading information may invalidate this application or any subsequent approvals.

Herd owner offences and prosecution details

Are there any convictions, or pending prosecutions for animal health or welfare offences within or outside the state against you, the herd owner(s)?

	Herd Owner Name	No	Yes	Details of conviction or pending prosecutions
1.				
2.				
3.				
4.				

Herd owner(s) Conditions / Agreement Signatures

I declare that it is my responsibility as herdowner to ensure that the keeper and I adhere to conditions of registration.

	Herd Owner Signature	Date
1.		
2.		
3.		
4.		

Keeper Offences and Prosecution Details

Are there any convictions, or pending prosecutions for animal health or welfare offences within or outside the state against you, the keeper?

Keeper Name	No	Yes	Details of conviction or pending prosecutions

Keeper Conditions / Agreement Signatures

I am responsible for the day-to-day care and welfare of the herd. I will adhere to all relevant conditions of registration.

Keeper Signature	Date

Return of Application

Please return this HR 1 application form to the Regional Veterinary Office (RVO) relevant to your county.

County and Regional Veterinary Offices

Cavan Monaghan Offaly Roscommon Westmeath	Department of Agriculture, Food and the Marine, Cavan Office, Government Buildings, Farnham Street, Cavan Phone number: +353 (0) 49 4369798
Cork Kerry	Department of Agriculture, Food and the Marine, Revenue House, Assumption Road, Blackpool Co. Cork Phone number: +353 (0) 21 4851400
Donegal	Department of Agriculture, Food and the Marine, Meeting House Street, Raphoe, Co Donegal Phone number: +353 (0) 74 917 3600 / +353 (0) 74 917 3601
Clare Dublin Kildare Laois Limerick Wicklow West	Department of Agriculture, Food and the Marine, Poplar House, Poplar Square, Naas, Co. Kildare Phone number: +353 (0) 45 873035
Leitrim Longford Sligo	Department of Agriculture, Food and the Marine Derryhallagh, Drumshanbo, Leitrim Phone number: +353 (0) 71 968 2000
Galway Mayo	Department of Agriculture, Food and the Marine, Michael Davitt House, Castlebar, Co. Mayo Phone number: +353 (0) 94 9035300
Louth Meath	Department of Agriculture, Food and the Marine, Government Offices, Athlumney, Kilcarn, Navan, Co. Meath Phone number: +353 (0) 46 9082900
Carlow Kilkenny Tipperary Waterford Wexford Wicklow East	Local Office Administration Unit, Department of Agriculture, Food and the Marine, Old Knockmay Road, Portlaoise, Co. Laois Phone number: +353 (0) 51 31 2300

Data Protection

The Data Protection Officer can be contacted at dataprotectionofficer@agriculture.gov.ie

For more information on Data protection, please visit gov.ie - [Data Protection \(www.gov.ie\)](http://www.gov.ie)

for more information on the collection and processing of personal information collected in this application form please read our Data Protection Notice which is available to view and download at below link or QR code.

Applicant's checklist

		Yes	No
1	Completed Application HR1 form		
1a	Operator1 Herdowner, signed application		
1b	Operator 2 Keeper has signed in both places		
2	Proof of Identity included		
3	Folio Number		
4	Map of holding		
5	Proof of ownership		
5a	Valid lease / License Agreement		
5b	Rental Agreement document		
6	If applicant is a company,		
6a	Certificate of Incorporation		
6b	Company constitution or Form A1 (New Company Incorporation) or Form B1 (Annual Return General)		