RESOLUTION NUMBER: 4 COMBINED WITH 7        APPROVED

SOURCE:            COMMITTEE ON EQUINE
SUBJECT MATTER:    Microchip Identification of Imported Horses

BACKGROUND INFORMATION:

The United States equine industry recognizes the need for implementation of enhanced identification and traceability. Over the last five years, breed organizations such as The Jockey Club and discipline organizations such as the United States Equestrian Federation have implemented regulations requiring horses to be microchipped. Additionally, organizations such as the American Quarter Horse Association and the United States Trotting Horse Association are drafting proposals for utilization of microchips within their breed. With this increasing domestic microchip identification of horses, there is a recognized need for required microchips on imported horses.

With increased global livestock movement, the disease risk is greater to the U.S. horse population. This may be manifested by the introduction of various diseases through imported horses. Therefore, traceability of these animals is a critical element in the protection of the U.S. horse population. Lack of a traceable, reliable, and permanent identification system for horses imported into the United States makes it difficult to conduct trace back of animals that are potentially infected with or exposed to an infectious disease.

The committee recognizes similar resolutions regarding microchip for imported horses were presented in 2008 (Resolution 27) and 2014 (Resolution 16). The responses to these resolutions indicated that due to a lack of domestic use of microchips there could be no international requirement. The significant advances in the implementation of required microchips in the domestic horse population warrant a change in approach to import regulations for imported horses.

RESOLUTION:

The United States Animal Health Association (USAHA) urges the United States Department of Agriculture, Animal and Plant Health Inspection Service, Veterinary Services (VS) to revise the Code of Federal Regulations to require all equids imported into, or returning to, the United States be identified with an implanted radio frequency identification (RFID)
microchip that complies with the International Organization for Standardization 11784 and 11785 standards (134.2 kHz), unless already implanted with a readable 125 kHz microchip. Universal RFID readers should be present at all import centers and border stations to read both 125 and 134.2 kHz microchips. Additionally, the USAHA urges VS to, at the time of equid importation into the United States, record microchips of imported equidae and electronically capture microchip data in a searchable database accessible to animal health officials during a disease investigation.

INTERIM RESPONSE:

The United States Department of Agriculture, Animal and Plant Health Inspection Service (APHIS), Veterinary Services (VS) recognizes the concerns of the United States Animal Health Association (USAHA) and appreciates the opportunity to respond. We recognize the significant advances in the implementation of required microchips in the domestic horse population. However, at this time APHIS does not anticipate changing our import regulations to require an implanted radio frequency identification (RFID) microchip in all horses imported into or returning to, the United States. Our current identification requirements for imported horses follow requirements for domestic movement, as outlined in the National Animal Identification System. Acceptable forms of identification include microchips, tattoos, and descriptions (including markings). There is no requirement of microchips for domestic interstate movement of horses; however, some imported horses have RFID implants when they arrive to the United States. When a microchip is present, APHIS captures the microchip numbers on these horses in the Veterinary Services Process Streamlining (VSPS) import module. Upon request, VS personnel will provide State Animal Health Officials with available VSPS microchip information in the event of a disease outbreak.