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| **PERMIT APPLICATION FORM FOR MOVEMENT INTO THE AHS CONTROLLED AREA: 2020 v1** |
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| --- |
| * Any movement INTO the AHS controlled area from the AHS infected area REQUIRES a permit
 |
| * This application must be accompanied by a copy of the ID page and AHS vaccination pages of a validated, accepted passport for each horse travelling
 |
| * A prepopulated prenote, for vets signature, will be sent to the nominated vet (Section 8 below) if and when the permit is issued – this is NOT proof of a permit being issued
 |
| * The signed (vet) health certificate must be in each passport not more than 72hrs prior to movement and must confirm the requirements as stated in the passport
 |
| * APPLICANT: Please complete all in full and email to: move@myhorse.org.za
 |
| * \**Section 2: Stop Over Quarantine: Only if relevant*
 |
| * Please note : Permits into the AHS controlled area requires a minimum of 2 working days to process
 |

*(CA – controlled area, IZ – infected zone, PZ – protection zone, SZ – surveillance, FZ – free zone)* |
| 1 | **Travelling FROM:** **Holding the horse will be leaving from in AHS infected zone** |

|  |  |
| --- | --- |
| Holding Name or ID |  |
| Physical Address |  |
| Duration of residence |  |
| GPS coordinates (**required**) |  |
| Date of departure |  |
| Contact name and number at origin |  |

 |
| 2 | **\*Stopover quarantine****(only if applicable)** |

|  |  |
| --- | --- |
| Holding Name |  |
| Arrival date |  |
| Intended Departure date  |  |

 |
| 3 | **Travelling TO:****Holding in the AHS controlled area the horse will be travelling to**Circle relevant zone

|  |  |  |
| --- | --- | --- |
| PZ | SZ | FZ |

 |

|  |  |
| --- | --- |
| Holding Name or ID |  |
| Physical Address |  |
| Duration of residence |  |
| GPS coordinates (required) |  |
| Date of arrival |  |
| Contact name and number at destination |  |

 |
| 4 | **Duration of stay in the controlled area after movement** |

|  |  |
| --- | --- |
| Temporary or Permanent | Temp/Perm |
| If temporary will the horse return to original holding? | Y/N |

 |
| 7 | **Transporter Details** |

|  |  |
| --- | --- |
| Driver or Company |  |
| Vehicle registration **(trailer AND truck where separate)** |  |
| Contact number and email |  |

 |
| 8 | **Details of veterinarian responsible for the Compulsory Health Certificate for Movement****(all details required)** |

|  |  |
| --- | --- |
| Private Veterinarian name and Practice Name |  |
| Email address |  |
| Telephone number |  |
| Intended Date of exam |  |

 |
| 10 | **Details and Declaration of responsible person†***I confirm that the horses referred to in this application are resident at the location as provided and have not been removed from a 30km radius of this location for any period of time within the last 40 days of this application unless otherwise stated above* |

|  |  |
| --- | --- |
| Name |  |
| Cell phone no. |  |
| Email address |  |
| Signed by and dated |  |

 |

***†The responsible person refers to the owner/ manager or agent of the horse/s that will be responsible for the movement of the horse into or within the AHS controlled area***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 1b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 2a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 2b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 3a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 3b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 4a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 4b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 5a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 5b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 6a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 6b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

 |
| 7a | **Horse information** |

|  |  |
| --- | --- |
| Name of Horse |  |
| Microchip number |  |
| Passport number |  |

 |
| 7b | **Vaccination information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AHS 1 Vaccination | date |  | batch |  |
| AHS 2 Vaccination | date |  | batch |  |
| Name of administrating vet |  |

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If more than 7 horses please fill in page 1 of this application and then ask for an excel spreadsheet to complete the horse details from move@myhorse.org.za