To whom it may concern,

**I hereby formally request permission for exemption from the following vaccination requirement (tick where appropriate):**

|  |  |
| --- | --- |
|  | **Passport requirement for vaccination permission in surveillance or free zones\*** |
|  | **Yearly vaccination for AHS in the AHS protection zone or infected zone** |
|  | **Vaccination outside of the 1 June to 31 October period** |

For the following horses:

|  |  |  |
| --- | --- | --- |
| **Horse Name**  | **Microchip No\* (passport exemption requirement)** | **Passport Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 Stabled at

|  |  |
| --- | --- |
| **Holding Name and ID (if known)** |  |
| **Address** |  |
| **GPS Coordinates (if ID unknown)** |  |
| **Manager/ Owner name** |  |
| **Contact No. and Email** |  |

Please supply the exact reason for exemption request and details of the request in full detail (incomplete descriptions will be denied exemption permission):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Yours sincerely,

………………….. …………………………… ……………………………

Veterinarian name and signature Contact no Date

***This application must accompany passport or ID copies and previous vaccination records***