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| Registered Equid Name | Microchip | Passport Number |
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**HEALTH CERTIFICATE FOR MOVEMENT**

1. The undersigned, inspected this registered horses and certify that it:
   1. Showed no clinical signs of disease
   2. Has not been in contact during the last 15 days (as far as can be ascertained) with other Equidae suffering from an infectious or contagious disease
   3. Does not originate from an area where veterinary restrictions pertaining to diseases communicable to Equidae are in force and does not come from a holding under veterinary restrictions
   4. Does not from a holding where there has been a case of African Horse Sickness during the past 60 days
   5. Originates from a holding in, either
      1. The **African Horse sickness infected area** or **African Horse Sickness protection zone** and was vaccinated against African Horse sickness by a veterinarian using a registered polyvalent African horse sickness vaccine as prescribed by the vaccine manufacturer at least 40 days, and not more than 24 months, prior to movement
      2. OR

The **African Horse Sickness surveillance zone** and was not vaccinated against African Horse sickness during the past 40 days.

Furthermore, I undertake to pre-notify the State Veterinarian Boland of the movement of this horse.

NB: Movement must commence within 48 hrs of signature of this certificate by your veterinarian.

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| ORIGIN | | | DESTINATION | | | DATE EXAMINED | NAME ADDRESS OF CERTIFYING VETERINARIAN | SIGNATURE OF CERTIFYING VETERINARIAN |
| Date of departure | District | Holding | Date of arrival | District | Holding |
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