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| **1PERMIT APPLICATION FORM FOR MOVEMENT INTO THE AHS CONTROLLED AREA: 2021 v2** | | | |
| |  | | --- | | * 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 may take up to a minimum of 7 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***

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| 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 |  | | | | |

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