

1 PERMIT 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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PZ</td> <td style="padding: 2px;">SZ</td> <td style="padding: 2px;">FZ</td> </tr> </table>	PZ	SZ	FZ	Holding Name or ID Physical Address Duration of residence GPS coordinates (required) Date of arrival Contact name and number at destination	
PZ	SZ	FZ				
4	Duration of stay in the controlled area after movement	Temporary or Permanent If temporary will the horse return to original holding?	Temp/Perm 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>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</i>	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				

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