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| **MOVEMENT PRENOTE FOR MOVEMENT WITHIN THE AHS CONTROLLED AREA: 2020 v1CA** | | | | |
| |  | | --- | | * Note that for movement WITHIN the AHS controlled area but to a zone of higher control (Protection to Surveillance, Protection to Free or Surveillance to Free) the vet signed prenotification form together with Health Certificate for Movement (HCM) in the passport by the veterinarian replaces the need for a permit as long as all requirements are fulfilled | | * This notification must be accompanied by a copy of the ID page and AHS vaccination pages of a validated, accepted passport for each horse travelling | | * The vet must maintain a signed copy of this prenote form – the copy can be electronic | | * 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: prenote@myhorse.org.za |   *(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 PZ or SZ –** Note that this will not always be the holding of residence for the horse as it might be a return movement that is applied for. Circle relevant zone   |  |  | | --- | --- | | PZ | SZ | | |  |  | | --- | --- | | **Holding Name** |  | | **Holding ID (if registered)** |  | | GPS coordinates (**required only if holding is unregistered**) |  | | Date of departure |  | | Contact name at origin |  | | Contact number at origin |  | | | |
| 2 | **Travelling TO:**  **Holding in the AHS controlled area the horse will be travelling to**  Circle relevant zone   |  |  | | --- | --- | | SZ | FZ | | |  |  | | --- | --- | | **Holding Name** |  | | **Holding ID (if registered)** |  | | GPS coordinates **(required only if Holding is unregistered)** |  | | Contact name at destination |  | | Contact number at destination |  | | | |
| 3 | **Transporter Details** | |  |  | | --- | --- | | Driver or Company |  | | Vehicle registration **(trailer AND truck where separate)** |  | | Contact number and email |  | | | |
| 4 | **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 examination |  | | | |
| 5 | **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 come from an area that is currently under movement restrictions as confirmed by move@myhorse.org.za. I confirm that I am satisfied that I understand the requirements for movement with regards to AHS vaccination and Passport requirements as described in the AHS VPN and I have ensured there is no reason this horse/s should not be allowed to move.* | | |  |  | | --- | --- | | Name |  | | Cell phone number |  | | Email address |  | | Date |  | | Signature |  | | |
| **6** | **Prenotification confirmation–to be completed by veterinarian only, and WITHIN 72 hours of movement. This signed form (all completed pages) must be resent as a confirmed prenotification of movement**  *I confirm that the passport was present for the horse/s described in this document and complies with the requirements for movement within the controlled area. Furthermore I confirm that I am satisfied that I understand the requirements for movement with regards to AHS vaccination and Passport requirements as described in the AHS VPN and I have ensured there is no reason this horse/s should not be allowed to move.*  *(please initial once signed please send to prenote@myhorse.org.za)* | | | |  | | --- | | **Actual date of examination** | |  | | **Vet Signature and Stamp** | |

**†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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|  | **Passport Number** | **Horse Name** | **Microchip No** | **AHS 1 Batch** | **AHS 1 date** | **Vet responsible** | **AHS 2 batch** | **AHS 2 date** | **Vet responsible** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

If more than 10 horses please fill in page 1 of this application and then ask for an excel spreadsheet to complete the horse details from [prenote@myhorse.org.za](mailto:prenote@myhorse.org.za)

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| **7** | |  | | --- | | **Actual date of examination** | |  | | **Vet Signature and Stamp** | |

Comments from Veterinarian: ­­­