

## 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](mailto:prenote@myhorse.org.za)

(CA – controlled area, IZ – infected zone, PZ – protection zone, SZ – surveillance, FZ – free zone)

1	<b>Travelling FROM: Holding the horse will be leaving from in PZ or SZ –</b> 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 <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; padding: 2px 5px;">PZ</div> <div style="border: 1px solid black; padding: 2px 5px;">SZ</div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Holding Name</td><td style="width: 100%;"></td></tr> <tr><td>Holding ID (if registered)</td><td></td></tr> <tr><td>GPS coordinates (required only if holding is unregistered)</td><td></td></tr> <tr><td>Date of departure</td><td></td></tr> <tr><td>Contact name at origin</td><td></td></tr> <tr><td>Contact number at origin</td><td></td></tr> </table>	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		
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	<b>Travelling TO: Holding in the AHS controlled area the horse will be travelling to</b>  Circle relevant zone <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; padding: 2px 5px;">SZ</div> <div style="border: 1px solid black; padding: 2px 5px;">FZ</div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Holding Name</td><td style="width: 100%;"></td></tr> <tr><td>Holding ID (if registered)</td><td></td></tr> <tr><td>GPS coordinates (required only if Holding is unregistered)</td><td></td></tr> <tr><td>Contact name at destination</td><td></td></tr> <tr><td>Contact number at destination</td><td></td></tr> </table>	Holding Name		Holding ID (if registered)		GPS coordinates (required only if Holding is unregistered)		Contact name at destination		Contact number at destination				
Holding Name															
Holding ID (if registered)															
GPS coordinates (required only if Holding is unregistered)															
Contact name at destination															
Contact number at destination															
3	<b>Transporter Details</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Driver or Company</td><td style="width: 100%;"></td></tr> <tr><td>Vehicle registration (trailer AND truck where separate)</td><td></td></tr> <tr><td>Contact number and email</td><td></td></tr> </table>	Driver or Company		Vehicle registration (trailer AND truck where separate)		Contact number and email								
Driver or Company															
Vehicle registration (trailer AND truck where separate)															
Contact number and email															
4	<b>Details of veterinarian responsible for the Compulsory Health Certificate for Movement (all details required)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Private Veterinarian name and Practice Name</td><td style="width: 100%;"></td></tr> <tr><td>Email address</td><td></td></tr> <tr><td>Telephone number</td><td></td></tr> <tr><td>Intended Date of examination</td><td></td></tr> </table>	Private Veterinarian name and Practice Name		Email address		Telephone number		Intended Date of examination						
Private Veterinarian name and Practice Name															
Email address															
Telephone number															
Intended Date of examination															
5	<b>Details and Declaration of responsible person†</b> <i>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 <a href="mailto:move@myhorse.org.za">move@myhorse.org.za</a>. 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.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;">Name</td><td style="width: 100%;"></td></tr> <tr><td>Cell phone number</td><td></td></tr> <tr><td>Email address</td><td></td></tr> <tr><td>Date</td><td></td></tr> <tr><td>Signature</td><td></td></tr> </table>	Name		Cell phone number		Email address		Date		Signature				
Name															
Cell phone number															
Email address															
Date															
Signature															
6	<b style="color: red;">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</b> <i style="color: red;">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 <a href="mailto:prenote@myhorse.org.za">prenote@myhorse.org.za</a>)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%;"><b style="color: red;">Actual date of examination</b></td></tr> <tr><td style="width: 100%;"></td></tr> <tr><td style="width: 100%;"><b style="color: red;">Vet Signature and Stamp</b></td></tr> <tr><td style="width: 100%;"></td></tr> </table>	<b style="color: red;">Actual date of examination</b>		<b style="color: red;">Vet Signature and Stamp</b>										
<b style="color: red;">Actual date of examination</b>															
<b style="color: red;">Vet Signature and Stamp</b>															

†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

	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)

<b>7</b>	<b>Actual date of examination</b>
	<b>Vet Signature and Stamp</b>

Comments from Veterinarian:

---



---