

### MOVEMENT Permit application and sample collection for movement into the AHS controlled area - ZEBRA

Please complete all sections in full and return to: [zebra@myhorse.org.za](mailto:zebra@myhorse.org.za)

Please note that movement of zebra into the AHS controlled area will only be permitted between 1 July and 30 September of each year.

<sup>1</sup>Date of start of isolation must be approved and confirmed by the state veterinarian of the area

#### Supporting documentation checklist

	Map indicating the boundaries and location of the isolation facility	
	Pictures of the facility	
	Permission Ref	(For office use only)
1	Isolation Holding (moving from)	Holding Name
		GPS location
		Manager/Owner name
		Email and Cell phone
2	Isolation logistics details	<sup>1</sup> Date of intended start of isolation
		Intended date of exit sample collection
		Intended date of movement
3	Holding of Destination (moving to)	Holding Name
		ZKR number (must be registered with DARLLD)
		Contact name and number at Destination
		Date of arrival
4	Veterinarian responsible for isolation and sample collection	Private Veterinarian name
		Contact details (number and email)
5	Zebra Details	Species (Burchells/ Cape Mountain)
		Number of animals to move
6	Transporter Details	Transporter name and contact number
		Vehicle Registration (include vehicle and trailer if applicable)
7	Declaration	<i>I, the undersigned submitter, am to be held responsible for the movement of the zebra described in this application. I understand the requirements for the protocol for movement of zebra into the AHS controlled area and that I must inform <a href="mailto:zebra@myhorse.org.za">zebra@myhorse.org.za</a> of all arrangements. I understand that the permit will only be issued once the exit AHS results are received by <a href="mailto:zebra@myhorse.org.za">zebra@myhorse.org.za</a> and I will not enter the AHS controlled area with the zebra until a permit is received.</i>
8	Submitter (Person to make permit out to)	Name
		Contact number and email
		Signed and dated



**State Veterinarian Declaration for the pre-translocation facility**

This is to confirm that I, Dr \_\_\_\_\_

have inspected the pre-translocation facility, on (date) \_\_\_\_\_, at the farm

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The Facility complies with all the requirements as laid out in the Veterinary Procedural Notice for African horse sickness control, and specifically:

It is adequately fenced Yes/No

It is not larger than 5 hectares in size Yes/No

The facility is located within a state veterinary area that complies with the requirements

(please cross out the statement that describes your situation)

I will be present at the time of sample collection prior to the start of pre-translocation isolation and for the sample collection prior to release

OR

I will not be present at the time of sample collection prior to the start of pre-translocation isolation and for the sample collection prior to release, but have discussed the requirements with the private veterinarian Dr \_\_\_\_\_, and this responsibility has been delegated to him/her with my approval

I have discussed the requirements with the manager of the Facility and they are aware that the isolation period of 21 days cannot start without approval from State Vet Boland, which will only be granted once the pre-isolation results are obtained and all paperwork for movement permit application have been received.

\_\_\_\_\_  
Signature and Stamp of State Veterinarian

\_\_\_\_\_  
Date