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| **MOVEMENT Permit application and sample collection WITHIN or OUT OF the AHS controlled area - ZEBRA** | | | |
| Please complete all sections in full and return to: zebra@myhorse.org.za | | | |
|  | Permission Ref | (For office use only) |  |
| 1 | Holding of origin (moving from) | Name |  |
| ZKR number |  |
| Contact Details for movement |  |
| Date of movement |  |
| 2 | Holding of destination (moving to) | Name |  |
| ZKR number (OR GPS if outside the controlled area) |  |
| Contact name and number at Destination |  |
| Date of arrival |  |
| 3 | Veterinarian microchipping and sample collection | Private veterinarian name |  |
| Contact details (number and email) |  |
| 4 | Zebra details | Species (Burchell’s/ Cape Mountain) |  |
| Number of animals to move |  |
| 5 | Transporter details | Transporter name and contact number |  |
| Vehicle registration (include vehicle and trailer if applicable) |  |
| 5 | Declaration | *I, the undersigned submitter, am to be held responsible for the movement of the zebra described in this application. I understand that on EDTA blood sample must be collected from each zebra and the zebra must be microchipped at the time of movement (or a previous microchip number is verified at capture). I undertake to ensure the blood samples are either submitted to the correct laboratory or submitted to State Vet Boland and to inform* [*zebra@myhorse.org.za*](mailto:zebra@myhorse.org.za) *of such arrangements. I understand that the permit is only valid for 3 months from date of issue and if the zebra are not moved in this time I will inform* [*zebra@myhorse.org.za*](mailto:zebra@myhorse.org.za) | |
| 6 | Submitter (Person to make permit out to) | Name |  |
| Contact number and email |  |
| Signed and dated |  |

Form Version: 2020-06-30

*This section is to be completed at the time of Capture and submitted with the blood samples*

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| Zebra gender | Zebra species | Approximate age | Microchip sticker |
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| Zebra gender | Zebra species | Approximate age | Microchip sticker |
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