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 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*	
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

Zebra gender	Zebra species	Approximate age	Microchip sticker

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