

PERMIT APPLICATION and Movement PRENOTIFICATION FORM

APPLICANT: Please complete all except section 8 (for vet only) in full and return to : move@myhorse.org.za

[This application must be accompanied by a copy of the ID page of a validated, accepted passport](#)

*Section 6: Stop Over Quarantine: Only if relevant

Note that for movement WITHIN the CA (PZ to SZ, PZ to FZ or SZ to FZ) the application together with HCM by the veterinarian replaces the need for a permit as long as all requirements are fulfilled.

ANY MOVEMENT FROM THE IZ MUST HAVE A PERMIT FOR MOVEMENT INTO THE CA

HCM MUST BE IN THE PASSPORT AND MUST CONFIRM THE REQUIREMENTS AS STATED IN THE PASSPORT

(CA – controlled area, IZ – infected zone, PZ – protection zone, SZ – surveillance, FZ – free zone, HCM – Health Certificate FOR MOVEMENT)

1	Horse information	Name of Horse			
		Microchip number			
		Passport number			
2	Vaccination information	AHS 1 Vaccination	date		batch
		AHS 2 Vaccination	date		batch
		Name of administrating vet			
3	Travelling from: (Property in the infected zone) <input type="checkbox"/> Permanent holding? <input type="checkbox"/>	Holding Name or ID			
		Physical Address			
		Duration of residence			
		GPS coordinates (required)			
		Date of departure			
		Contact name and number at origin			
4	Travelling to: <input type="checkbox"/> Mark relevant zone <input type="checkbox"/> Protection zone <input type="checkbox"/> <input type="checkbox"/> Surveillance zone <input type="checkbox"/> <input type="checkbox"/> Free zone <input type="checkbox"/> <input type="checkbox"/> Permanent holding? <input type="checkbox"/>	Holding Name or ID			
		Physical Address			
		Duration of residence			
		GPS coordinates (required)			
		Date of arrival			
		Contact name and number at destination			
5	Duration of stay for movement	Temporary of Permanent	Temp/Perm		
		If temporary will the horse return to original holding?	Y/N		
6	*Stopover quarantine	Holding Name			
		Arrival date			
		Intended Departure date			
7	Compulsory Health Certificate for Movement -applicant complete	Private Veterinarian name and Practice Name			
		Contact details (email and cell)			
		Intended Date of examination			
8	Prenotification confirmation–to be completed by veterinarian only <i>I confirm that the passport was present and complies with the requirements for movement into and within the controlled area. Furthermore I confirm that I have received a permit for movement for the horse/s described or confirmed that a permit will be issued by State Vet Boland.</i> (once signed please send to prenote@myhorse.org.za)	Actual date of examination			
		Vet Signature and Stamp			
9	Transporter				
10	Details of applicant	Name			
		Cell phone number			
		Email address			
		Signed by and dated			

For completion for multiple horse moving from and to the same holdings in a group

1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				
1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				
1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				
1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				
1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				
1	Horse information	Name of Horse				
		Microchip number				
		Passport number				
2	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name and contact number of administrating vet				