

MOVEMENT (PERMIT) APPLICATION

Please complete all * sections in full and return to : move@myhorse.org.za

*Section 6: Stop Over Quarantine: Only if relevant – contact info@myhorse.org.za for enquiries as to the stop-over quarantine requirements that might be pertinent for your movement application

1	Horse details	Name of Horse				
		Microchip number				
		Passport number				
2	AHS Vaccinations	AHS 1 Vaccination	Date		Batch	
		AHS 2 Vaccination	Date		Batch	
		Name and contact number of administrating vet				
3	Permanent Holding of Origin	Name				
		Physical Address				
		Duration of resident stabling (months)				
		GPS coordinates				
		Date of departure				
4	Movement reason	Reason for Movement Application				
5	Holding of Destination	Name				
		Physical Address				
		GPS Coordinates				
		Contact name and number at Destination				
		Date of arrival				
		Estimated period of residence at Destination				
6	Stop-over quarantine	Stop Over Quarantine Holding Name				
		Arrival date				
		Intended Departure date				
7	Health Certification – Private veterinarian	Private Veterinarian name				
		Contact details				
		Date of examination of the horse for the Health Certificate				
8	Horse Transporter	Name of company/private transporter				
9	Relevant State Veterinarian at origin	Name of State Veterinarian				
		Contact details				
10	Submitter (Person to make permit out to)	Name				
		Contact details				
		Signed by and dated				