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| **MOVEMENT (PERMIT) APPLICATION** |
| Please complete all sections in full and return to : censuswc2012@gmail.com Cc : equineresearchcentre@gmail.com |
| 1 | Name of Horse |  |
| 2 | **Passport No of Horse** |  |
| 3 | **AHS 1**  | DATE |  | Batch |  |
| **AHS 2** | DATE |  | Batch |  |
| Administered by – Name and contact number of Vet |  |
| 4 | **Permanent Holding of Origin** - Name |  |
| Physical Address of Permanent Holding |  |
| **Duration of resident stabling at above address** |  |
| **GPS coordinates** |  |
|  | Reason for Movement Application |  |
| 5 | Destination Holding - Name |  |
| 6 | Destination Physical Address |  |
| GPS Coordinates |  |
| Contact name and no at Destination |  |
| 7 | Date of Arrival at Destination  |  |
| 8 | Period of residence at Destination Address |  |
| 9 | Stop Over Quarantine Holding Name (if relevant)\*\*\* |  |
| Arrival date at Stop Over\*\*\* |  |
| Intended Departure date from Stop Over\*\*\* |  |
| 10 | The name of the Private Veterinarian responsible for the Health Certificate in the passport at origin |  |
| Contact details for the above Veterinarian |  |
| Date of examination of the horse for the Health Certificate |  |
| 11 | Submitted by -Name |  |
| Contact details  |  |
| 13 | Horse transported by:Name of company/private transport |  |
| 14 | Signed by and dated |  |
| Name of State Veterinarian |  |
| Contact details  |  |
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