

## MOVEMENT (PERMIT) APPLICATION

Please complete all\* sections in full and return to : [move@myhorse.org.za](mailto:move@myhorse.org.za)

\*Section 6: Stop Over Quarantine: Only if relevant – contact [info@myhorse.org.za](mailto: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			