|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MOVEMENT (PERMIT) APPLICATION** | | | | | |
| Please complete all sections in full and return to : [censuswc2012@gmail.com](mailto: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 |  | | | |
|  |  | | | |