

## MOVEMENT (PERMIT) APPLICATION

Please complete all sections in full and return to : [censuswc2012@gmail.com](mailto:censuswc2012@gmail.com)

Cc : [equineresearchcentre@gmail.com](mailto:equineresearchcentre@gmail.com)

1	Name of Horse				
2	<b>Passport No of Horse</b>				
3	<b>AHS 1</b>	DATE		Batch	
	<b>AHS 2</b>	DATE		Batch	
	Administered by – Name and contact number of Vet				
4	<b>Permanent Holding of Origin - Name</b>				
	Physical Address of Permanent Holding				
	<b>Duration of resident stabling at above address</b>				
	<b>GPS coordinates</b>				
	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				