

LETTERHEAD OF PRACTICE

HEALTH CERTIFICATE & PRE-NOTIFICATION OF HIGH HEALTH HORSE MOVEMENT INTO THE AHS CONTROLLED AREA

I examined the horses listed below on(date)

stabled atin the magisterial district of

Name and contact details of owner:.....

The horse/s have undergone pre-movement isolation for a minimum of 14 days in the approved vector protected isolation facility:

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from(date) to(date)

The facility was approved by the state veterinarian,

.....

(name and contact details)

in conjunction with SV Boland.

I confirm that the horse/s have been isolated under vector protected conditions in the above approved facility with a negative RT-PCR at least 14 days after the start of isolation and no more than 48 hours before movement to the AHS Controlled Area.

The facility has been managed according to the SOP under Annexure B.

I have countersigned the register recording opening and closing times, twice daily temperature recordings and application of repellants and insecticide.

The horse/s comply with AHS vaccination requirements for movement into the AHS Controlled Area.

The horse/s have not shown any signs of an infectious disease during the isolation period, is/are clinically healthy and fit to travel.

The owner/transporter has been informed that the horse/s have to travel under vector protected conditions and that a copy of the trip sheet confirming direct movement to the approved facility in the AHS Controlled Area must be sent to SV Boland within 24 hours of movement.

Name and contact details of transporter

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I have confirmed with State Veterinarian Boland that the vector protected isolation facility in the AHS Controlled Area is approved for isolation of high health horse/s.

Passport No.

Name

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Name and contact details of Veterinarian:.....

Signature:.....

Name and contact details of State Veterinarian:.....

Signature:.....

Note: This certificate and a copy of the RT-PCR test results must accompany the horse and a copy must be faxed/mailed to State Veterinarian **Boland at 021- 808 5125**