

OWNER/ MANAGER DECLARATION

I, the undersigned manager/ owner of the horse/s described below, declare that in signing this document I confirm that I understand that the horse/s described will only participate in competitions within the AHS surveillance or free zones of the AHS controlled area until the African horse sickness vaccinations are up to date.

I acknowledge that I may not enter any competition or event within the AHS protection zone or infected zone of RSA until the AHS vaccinations have been administered legally, by a veterinarian to the horse/s in question. I have acquainted myself with the relevant geographic locations of such zones according to the map provided at goo.gl/z2nbDw.

<u>Horse Name on passport</u>	<u>Passport number</u>	<u>Microchip</u>	<u>Year of Birth</u>

Owner/ Manager

Signature

Date

Permission is hereby requested for the participation of the under mentioned horse/s residing at, in, to attend shows in the African Horse Sickness Surveillance zone despite the fact that their African Horse vaccinations have lapsed. In compliance with the Animal Diseases Act, 35 of 1984, equines in the AHS surveillance and free zones may not be vaccinated against AHS without permission from State Vet Boland.

State Veterinarian

Signature

Date