



FACSIMILE TRANSMISSION

Date:		
DVS Office:		
Attention:		
DVS Fax:		
Applicant's Phone:		
Select Permit Delivery Method:	E-mail To	To Collect

APPLICATION FOR A VETERINARY MOVEMENT PERMIT – Version 01-2008

FROM	Place Name	District	Farm Number
	Sender's Name		Stock Brand/FAN Meat No.

TO	Place Name	District	Farm Number
	Receiver's Name		Stock Brand/FAN Meat No.
Do you have an agreement with the receiver to send animals to this place?			YES NO

Number of Livestock					GAME	
Cattle	Sheep	Goats	Pigs	Other	Type	Quantity

Name	ID Number	Contact Telephone
Postal Address	Designation	

I hereby declare that all the information that I have given in this permit application form is, true and correct

Signature

Date