



## APPLICATION TO MOVE AN ANIMAL ONTO THE COVES ESTATE

No animal or animals (including cloven-hoofed species) may be introduced to The Coves without permission from Management of The Coves (which shall not be unreasonably withheld)

Application must be made to the administration offices at least two weeks before the planned introduction. Should the application be approved the signed application plus necessary documentation must be presented at the gate before the animal can enter the estate.

Please fill in a separate application for each animal. Copies of relevant, certificates of vaccination and identification to accompany this application.

### APPLICANT INFORMATION

APPLICANT NAME AND SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### ANIMAL INFORMATION

NAME: \_\_\_\_\_

SPECIES: \_\_\_\_\_

BREED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: 

|      |  |        |  |          |  |
|------|--|--------|--|----------|--|
| MALE |  | FEMALE |  | NEUTERED |  |
|------|--|--------|--|----------|--|

DESCRIPTION: \_\_\_\_\_

|    |  |        |  |           |  |
|----|--|--------|--|-----------|--|
| ID |  | TATTOO |  | MICROCHIP |  |
|----|--|--------|--|-----------|--|

DETAIL: \_\_\_\_\_

IMAGES: 

|     |        |
|-----|--------|
| PET | ID TAG |
|-----|--------|

Please note that a clear image of the pet and the pet's ID tag is required. The ID tag should include the name and contact number of the owner.

I, \_\_\_\_\_, the legal owner of the animal described above agree to comply with the rules pertaining to animals and pets being introduced to The Coves Estate and rules governing animals and pets on the Estate.

This animal will not be a nuisance or threat to humans or other animals on the Estate.

The animal is being transported from the following address:

\_\_\_\_\_

Signed at \_\_\_\_\_ on the \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Witness

The section below must be completed by a registered veterinarian:

I, \_\_\_\_\_ a veterinarian currently registered with the South African Veterinary Council (Reg no: \_\_\_\_\_) have identified the animal described above and performed a clinical examination on the animal. I declare that: *(Initial in all blocks)*

|    |  |  |
|----|--|--|
| 1. | The animal is clinically healthy.  |  |
| 2. | There are no external parasites present on the animal.   |  |
| 3. | The animal was dewormed within the last 2 weeks.   |  |
| 4. | Important vaccinations have been correctly administered in an attempt to ensure that the animal is currently immune:<br>– Canine: Distemper, Parvovirus, Rabies<br>– Feline: FVR, FCV, FPL, Rabies |  |
| 5. | The animal originates from a property free of controlled and notifiable diseases.  |  |

Signed at \_\_\_\_\_ on the \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Witness

Practice Stamp: \_\_\_\_\_

The Covets Privacy Statement

We care about the privacy of everyone who enters The Covets. The estate collects and processes personal information for The Covets management and security purposes which is processed in accordance with the Protection of Personal Information Act of 2013. The way your information is used is covered in our Information Management Policy which is available at [www.thecovets.co.za/privacy](http://www.thecovets.co.za/privacy) and at the Main Gate.

The Coves Management Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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