


MINISTRY OF ENVIRONMENT AND TOURISM
Directorate Scientific Services

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APPLICATION FOR RHINO DEHORNING

Please read conditions attached to ensure that all necessary information is provided in order to avoid delays.

Details of applicant:

Name and Surname: _____

Postal address: _____

ID Number: _____

Farm Name and Farm No.: _____ District _____

Telephone: _____ Fax: _____

Details of the Veterinarian and Pilot that will dehorn

Veterinarian Name and Surname: _____ ID Number: _____

Helicopter registration Number: _____ Pilot Name: _____

Pilot ID Number: _____

Method of dehorning (Tick)
 Power saw, reciprocal saw, surgical, other (specify): _____

 Species to be dehorned: Black rhino, White rhino

Number of animals to be dehorned: _____

Dehorning period: _____ to _____

Please provide the list of persons involves in capturing operation:

Name	Initials	ID number	Responsibilities

 Signature

 Date

FOR OFFICE USE

RECOMMENDATIONS: _____

CONDITIONS: _____

APPROVED / NOT APPROVED

Signature

Date