



Saalperdgenootskap van S.A. Saddlebred Society of S.A.

REGISTRASIESERTIFIKAAT / REGISTRATION CERTIFICATE

Hiermee word gesertifiseer dat hierdie PERD aangeneem is vir inskrywing in die Saalperd Stamboek van S.A.
This is to certify that this HORSE has been accepted for entry in the Saddle Horse Stud Book of S.A.

Naam
Name **PS GIFTED FLINDER**

Geslag
Sex **MERRIE
MARE**

Rekenaar Nr
Computer No. **0013479241**

Registrasie Nr
Registration No. **58350**

Deel
Volume **1**

Gebore
Born **01/12/2025** Gradering
Grading **SP NO**

DNA
DNA **H096/26**

Skyfie
Chip

VAAR
SIRE **LESLEY'S BLAZING NIGHT 45978**

MOER
DAM **VOLLHART FAMOUS GIFT 51087**

BRIDGEWATERS WHAT A NITE 12745

VALLEY VIEW AIR`N FIRE 13548

TRUJO GIFT OF CLASS (SA) (GSR) 27558

WGV ALMOST FAMOUS 15018

ENJA HELL-OF-A-NITE (SA) (GSR) 10907

HI NOON MOUNTAIN MUSIC 10540

LANGHOEK FIREFLY WING 2714

GUINNES SUN 11925

BRT LIMITED ASSIGNMENT (SA) (GSR) 11654

BRT SUPREME'S TOUCH OF CLASS(SA) (BHF) (SA) (BHF) 10389

WGV PARADE STREET 9723

WGV YOUNG LION 12213

ARBORLANE TANGOS WEE PEE 8062

VIDAS MISTRESS USA(SA) (BHF) (SA) (BHF) A7773

ONGERS THE CASTING VOTE 4647

WESTFRONT MOUNTAIN MIST 5073

HI WING 107 45814 (R.1005) IMP

FIREFLY'S TIFFANY(SA) (BHF) 1470 IMP

GUINNES UNITED TEMTATION 7612

LOMBARD O'LEE'S TIA MARIA 6074

KIRKLEYVALE WARLORD'S TOUCHE 9940

DUNEDIN TOWN'S ENCHANTRESS(SA) (BHF) (SA) (BHF) 6746

BRT SUPREME FURY 6668

PROPATRIA AMERICA'S DUE TO 2541

KRISMAR FLINDER STREET 2142

HANTAM TICKER TAPE LUCK 6883

KRISMAR FLINDER STREET 2142

S.V. PRIVATES PEAVINES SOCIAL HOUR 6193



Teler
Breeder **(0714464) PEGASUS STUD
BERGSKEUR, PIKETBERG, 7320**

Datum van inspeksie
Date of inspection

Datum van uitreiking
Date of issue **07/08/2026**

KORREK GESERTIFISEER
CERTIFIED CORRECT

[Signature]



CERTIFICATE
OF QUALITY
Valid up to
October 2029

Enige byvoegings en/of veranderings wat nie deur die Hoofbestuurder geparafeer is nie, sal hierdie Sertifikaat ongeldig maak.
Any additions and/or alterations not initialled by the General Manager will render this Certificate invalid

HOOFBESTUURDER / GENERAL MANAGER
SUID-AFRIKAANSE STAMBOEKVERENIGING
SOUTH AFRICAN STUD BOOK ASSOCIATION
POSBUS 270 BLOEMFONTEIN BOX 270

[illegible]

Notification of death: _____ Date _____
 Kennisgewing van dood: _____ Datum _____

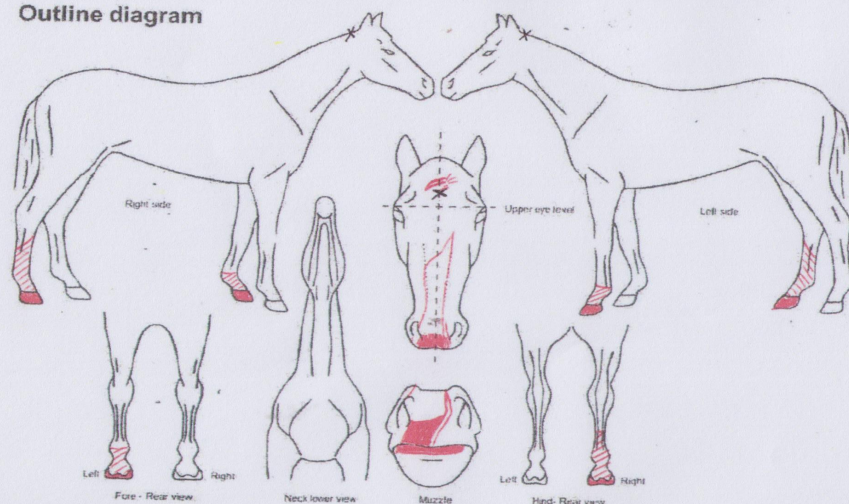
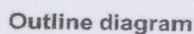
Signature of Owner: _____
Handtekening van Eigenaar: _____

Notification of Gelding: _____ Date _____
 Kennisgewing van Kastrering: _____ Datum _____

Signature of Owner: _____
Handtekening van Eigenaar: _____

GENERAL MANAGER/HOOFBESTUURDER

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
MARE	CHESTNUT	1/12/2025	Lesley's Blazing Night	Volant Famous Gift	Prescas Gift



MICROCHIP STICKER

NAME OF VETERINARIAN _____

Dr. L. MURPHY

Murphy (BVSc)
SIGNATURE OF VETERINARIAN

DATE 03 / 06 / 2026

PRACTICE STAMP

Dr. L. Murphy
Piketzberg Dierehospitaal
Stasieweg 12, Piketzberg, 7320
022 913 1148

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: CRESNET STAR WITH FEATHERING ABOVE MEDIAN WHORL ABOVE EYE LEVEL, BROAD STRIPE ENDING IN FLESHMARK SMP INCLUDING RIGHT NOSTRIL
FLESHMARK ON LOWER LIP

FEET AND LOWER LIP	
LEFT FORE	HALF FETLOCK WITH WHITE HOOF
RIGHT FORE	NIL
LEFT HIND	NIL
RIGHT HIND	HALF CANNON WITH WHITE HOOF

BODY / WHORLS

BILATERAL POLL WHORLS.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) *Nil*

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB10120 Name: PS GIFTED FLINDER****Passport Number
SB10120****HORSE PASSPORT****PS GIFTED FLINDER****Not accepted at SAEF / FEI events.**

ISSUED BY:

***South African Stud Book
and Livestock Improvement Association*****P.O. Box 270 • Bloemfontein 9300****Tel: (051) 410-0900 • Fax: (051) 447-3964****CERTIFICATE
OF QUALITY**
Valid up to
October 2029

[illegible]

Continued

LABORATORY TEST
Passport Nr: SB10120 Name: PS GIFTED FLINDER

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10120 Name: PS GIFTED FLINDER

DATE	PLACE AND DISTRICT	VACCINE			NAME (PRINTED), ADDRESS AND SIGNATURE OF VACCINATOR
		NAME	BATCH NUMBER	DISEASE	
D D M M Y Y 					

Continued

VACCINATIONS AGAINST EQUINE INFLUENZA

Passport Nr: SB10120 Name: PS GIFTED FLINDER

DATE OF VACCINATION	TYPE,NAME AND BATCH NO. OF VACCINE	NAME AND ADDRESS OF VACCINATOR AND CAPACITY (PLEASE PRINT)	SIGNATURE OF VACCINATOR
D D M M Y Y 			

Continued

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10120 Name: PS GIFTED FLINDER

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10120 Name: PS GIFTED FLINDER

I, the undersigned, inspected this equine and certify that it:

1. showed no clinical signs of disease,
2. has not been in contact during the last 15 days (as far as can be ascertained) with other equidae suffering from an infectious or contagious disease,
3. does not originate from an area where veterinary restrictions pertaining to diseases communicable to equidae are in force and does not come from a holding under veterinary restrictions,
4. does not come from a holding where there has been a case of African horse sickness during the past 40 days,
5. originates from a holding, either in,
- the African horse sickness infected area or African horse sickness protection zone and was vaccinated against African horse sickness by a veterinarian using a registered polyvalent African horse sickness vaccine as prescribed by the vaccine manufacturer at least 40 days, and not more than 24 months , prior to movement,
- or
- the African horse sickness surveillance zone and was not vaccinated against African horse sickness during the past 40 days.
- Furthermore , I undertake to pre-notify the State Veterinarian: Boland of the movement of this equine.

NB. Movement must commence within 72 hours of signature of this certificate by your veterinarian.

ORIGIN		DESTINATION			DATE EXAMINED	NAME AND ADDRESS OF CERTIFYING VETERINARIAN	SIGNATURE OF CERTIFYING VETERINARIAN
Date of Departure	District	Holding	Date of Arrival	District			

Continued

IDENTIFICATION OF HORSE DESCRIBED IN THIS PASSPORT

Passport Nr: SB10120 Name: PS GIFTED FLINDER

DATE	TOWN AND DISTRICT	PURPOSE OF CONTROL (EVENT, HEALTH CERTIFICATE, ETC.)	SIGNATURE, NAME (PRINTED) AND STATUS OF OFFICIAL VERIFYING IDENTIFICATION
D D M M Y Y 			

VACCINATIONS AGAINST AFRICAN HORSE SICKNESS

Passport Nr: SB10120 Name: PS GIFTED FLINDER

Every vaccination against AHS which the equine undergoes must be entered clearly and in detail on this sheet in the space provided below.

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Passport Nr: SB10120 Name: PS GIFTED FLINDER

[illegible]