



# 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 WINGS OF NEW YORK**

Geslag  
Sex **MERRIE  
MARE**

Rekenaar Nr  
Computer No. **0013479258**

Registrasie Nr  
Registration No. **58351**

Deel  
Volume **1**

Gebore  
Born **13/12/2025** Gradering  
Grading **SP NO**

DNA  
DNA **H095/26** Skyfie  
Chip

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

MOER  
DAM **S.V. HEAVEN'S SINGING IN THE  
RAIN 49287**

**BRIDGEWATERS WHAT A NITE  
12745**

**VALLEY VIEW AIR'N FIRE 13548**

**UNDULATA'S MADE IN HEAVEN  
[ASHA] 14625 121024 IMP**

**S.V. WING'S RAIN SONG 38467**

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

**HI NOON MOUNTAIN MUSIC 10540**

**LANGHOEK FIREFLY WING 2714**

**GUINNES SUN 11925**

**UNDULATA'S NUTCRACKER  
111612**

**BELIEVE IN LOVE(BHF) 134302**

**Y-NOT TRIGGER WING 11664**

**S.V. SIBERIAN PRINCESS A.13145**

**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**

**CARAMAC 71202**

**CHRISTMAS IN NEW YORK ERB 121317**

**ATTACHE'S THUNDERBOLT 93686**

**SANTANA'S STARBRIGHT 105021**

**WAR IMAGE 9139**

**SIKLOON FAIRY WINGS SUNSET 6120**

**S.V. MEXICAN STALLION 10231**

**S.V. PRIVATES ADMIRAL ROMANCE 6192**



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



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

RECORD OF TRANSFERS · REKORD VAN OORDRAGTE

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

| Trans Date<br>Oordrags Datum | Name of Buyer<br>Naam van Koper | Physical Address and Cell Number<br>Posadres en Selfoon Nommer | Signature of Seller<br>Handtekening van Verkoper | SA Stud Book<br>SA Stamboek |
|------------------------------|---------------------------------|----------------------------------------------------------------|--------------------------------------------------|-----------------------------|
|                              |                                 |                                                                |                                                  |                             |
|                              |                                 |                                                                |                                                  |                             |
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|                              |                                 |                                                                |                                                  |                             |
|                              |                                 |                                                                |                                                  |                             |

Notification of death: Kennisgewing van dood: Date Datum

Signature of Owner: Handtekening van Eienaar:

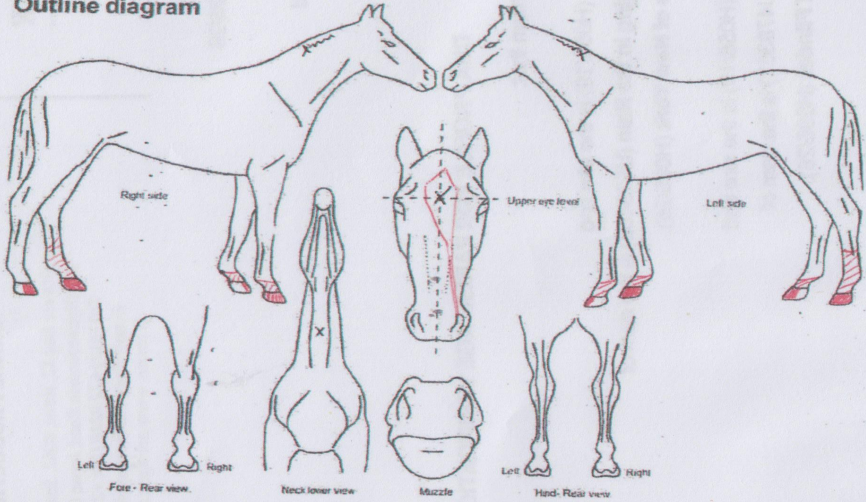
Notification of Gelding: Kennisgewing van Kastreering: Date Datum

Signature of Owner: Handtekening van Eienaar:

GENERAL MANAGER/HOOFBESTUURDER

| SEX  | COLOUR   | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM                          | REGISTERED NAME      |
|------|----------|----------------------------|------------------------|------------------------------|----------------------|
| MARE | CHESTNUT | 13/12/2025                 | Lesley's Blazing Night | Heaven's Singing in the Rain | PS WINGS OF NEW YORK |

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. L. Murphy

Signature of Dr. L. Murphy (BVSc)

DATE 03/06/2026

PRACTICE STAMP

Dr. L. Murphy  
Piketberg Dierehospitaal  
Stasieweg 12, Piketberg . 7320  
022 913 1118

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: UPPER EYE LEVEL WHORL IN A STAR AND NARROW CONNECTED STRIPE ENDING AND TOUCHING THE LEFT NOSTRIL

|            |                                        |
|------------|----------------------------------------|
| LEFT FORE  | PASTERN WITH DISTINCTLY STRIPED HOOF   |
| RIGHT FORE | PASTERN WITH INDISTINCTLY STRIPED HOOF |
| LEFT HIND  | HALE CANNON WITH WHITE HOOF            |
| RIGHT HIND | PASTERN WITH DISTINCTLY STRIPED HOOF   |

|                            |
|----------------------------|
| BODY / WHORLS              |
| BILATERAL MID CREST WHORLS |
| WITH FEATHERING            |
| VENTRAL NECK WHORL         |
|                            |
|                            |
|                            |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

**MULTIPLE MOVEMENT  
PERMIT****Passport Nr: SB10119 Name: PS WINGS OF NEW YORK****Passport Number  
SB10119****HORSE PASSPORT****PS WINGS OF NEW YORK****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

**LABORATORY TEST**  
Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

[illegible]

Continued

## VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

[illegible]

Continued

## VACCINATIONS AGAINST EQUINE INFLUENZA

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

[illegible]

Continued

13 of 16

[illegible]

## HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

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 | Holding |               |                                             |                                      |
|                   |          |         |                 |          |         |               |                                             |                                      |
|                   |          |         |                 |          |         |               |                                             |                                      |
|                   |          |         |                 |          |         |               |                                             |                                      |
|                   |          |         |                 |          |         |               |                                             |                                      |

Continued

IDENTIFICATION OF HORSE DESCRIBED IN THIS PASSPORT

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

| 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<br>   <br>   <br> |                   |                                                      |                                                                           |
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## VACCINATIONS AGAINST AFRICAN HORSE SICKNESS

Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

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

[illegible]

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Passport Nr: SB10119 Name: PS WINGS OF NEW YORK

[illegible]