

GEBOORTEKENNISGEWINGSERTIFIKAAT

Friesperd Telersgenootskap van Suid-Afrika

Hiermee word gesertifiseer dat hierdie MERRIE aangeneem is vir inskrywing in die Friesperd Telersgenootskap van Suid-Afrika

Nie Gekeur nie.



BIRTH NOTIFICATION CERTIFICATE

Friesian Horse Breeders' Society of South Africa

This is to certify that this MARE has been accepted for entry in the Fries Horse Breeders' Society of South Africa

Not Inspected.

Naam Name **SCHAAPFONTEIN ZENKE (Parentage Verified)**

Rekenaar Nr Computer No. **0013449905**

DNA DNA **ZOEQU61402** Skyfie Chip **90021900152591**

Gebore Born **15/08/2023** Gradering Grading **SP NO**

VAAR SIRE **BEAREND 0012805461 (SP) [IMP]**

MOER DAM **IMHOFF MARIJKE 0012466413 (SP)**

HARMEN 424 0012662698 [528004200223361]

WOPKE G 0012768214

IMHOFF RIEMPIES 2 0011095841 [167F2] (SP)

ENLIM CHRISSIE 0011649167 (SP)

TEUNIS 332 0012149456 [528004199002891]

JILDAU 0012662714 [528004198582030]

FEITSE 293 0011720653 [528004198302931] (SP) [SEM]

JOYCE G 0012768206

IMHOFF RIEMPIES 1 0011085917 [166F1] (SP)

IMHOFF NANKE 0011065273 [248F1] (SP)

SMITVLEI DOKTER 0011066883 [10F3] (C)

ENLIM DOREEN 0011067881 [215F4] (SP)

GERLOF 294 0012427407 [528004198402941]

GERTRUDE 0012149142 [528004198478790]

OEGE 267 0011720679 [528004197702671]

PIERKJE 0012662748 [528004197764490]

JOCHEM 259 0012086005 [528004197402591]

LYSEBET 0012149043 [528004197561990]

TEUNIS 332 0012149456 [528004199002891]

AONTSIE 7079 SP 0012447819 [528004198170790]

DJURRE R726 0012086203 (SP) [IMP]

GWENNY 0011068277 [198498780] (SP) [IMP]

RIEMER 0012629093

SISKA 0012396552

SMITVLEI ROCKET 0011064953 [1F2] (A)

SMITVLEI TOETSIE 0011065091 [10F1] (A)

ENLIM POPLIN 0011064888 [21F3] (C)

ENLIM NOOIENTJIE 0011066651 [148F3] (C)



Teler Breeder

**(0721135) SCHAAPFONTEIN STOET
POSBUS 86, HARTSWATER, 8570**

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

Datum van inspeksie
Date of inspection

Datum van uitreiking
Date of issue **11/09/2026**

KORREK GESERTIFISEER
CERTIFIED CORRECT

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



CERTIFICATE
OF QUALITY
Valid until
October 2029

[illegible]

Notification of death:
Kennisgewing van dood:

Date _____
Datum _____

Signature of Owner:
Handtekening van Eienaar:

Notification of Gelding:
Kennisgewing van Kastrering:

Date _____
Datum _____

Signature of Owner:
Handtekening van Eienaar:

GENERAL MANAGER/HOOFBESTUURDER

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTER NAME
Female	Black	15/08/23	Rearend SP IMP 0012805461	Imhoff Marijke SP 0012466413	Schaapfontein Zerké

Outline diagram

Right side Left side

Upper eye level

Left Right

Fore - Rear view Neck lower view Muzzle Hind - Rear view

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr Shannon Parker

SIGNATURE OF VETERINARIAN

[Signature]

DATE 21 / 08 / 2026

PRACTICE STAMP

089 080 440 440
**CHRISTIANA N
 DIEREHOOSPITAAL BK**
 Tel: 053 441 8250
 NAUURE TEL: 082 468 4183

WRITTEN DESCRIPTION OF MARKINGS:
HEAD: Median (short)

LEFT FORE	Nil
RIGHT FORE	Nil
LEFT HIND	Nil
RIGHT HIND	Nil

BODY / WHORLS

What just could? to right ear

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Scar on chest/neck (healed wound).

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)****Passport Number
SB10141****HORSE PASSPORT****SCHAAPFONTEIN ZENKE (Parentage Verified)****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: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

[illegible]

Continued

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Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

[illegible]

Continued

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

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: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

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: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

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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VACCINATIONS AGAINST AFRICAN HORSE SICKNESS

Passport Nr: SB10141 Name: SCHAAPFONTEIN ZENKE (Parentage Verified)

[illegible]