

REGISTRASIESERTIFIKAAT

Suid-Afrikaanse Miniatuurperd

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



Naam Name	QTIPIE FLOUNDER (Parentage Verified)		
Rek. Nr Comp No.	0013475819	Geslag Sex	MERRIE MARE
Registr Nr Registr No.	NA	ID Nr ID No.	QTI 26/02
Skyf Chip	992003000378803	Gebore Born	16/01/2026
Gradering Grading	SP NO	Hoogte Height	
DNS DNA	260570H004		
Kleur en Merke Color and Markings	DONKER MAANHARE EN STERT		
Teler Breeder	(0653901) QTIPIE MINIATURES H/A PEACE HAVEN TRUST, 155 LUTIE KATZ EXTENSION, YZERFONTEIN, 7351		



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

REGISTRATION CERTIFICATE

South African Miniature Horse

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

Vaar Sire	M M C AT EVER SO CLEVER		
Registr Nr Registr No.		Rek. Nr Comp No.	0012932273
Gradering Grading	(SP)	Hoogte Height	86.0 cm

Moer Dam	M M C ZF REMARKABLE RACHEL		
Registr Nr Registr No.		Rek. Nr Comp No.	0001322439
Gradering Grading	(B)	Hoogte Height	87.0 cm

Vaar Sire	CCMF IM ALL THAT [IMP]		
Registr Nr Registr No.	A152597	Rek. Nr Comp No.	0012642690
Gradering Grading	(SP)	Hoogte Height	79.0 cm

Moer Dam	M M C CHARMING SHADY LADY		
Registr Nr Registr No.		Rek. Nr Comp No.	0011799293
Gradering Grading	(B)	Hoogte Height	93.0 cm

Vaar Sire	JSW ZORROS FIRELORD [IMP]		
Registr Nr Registr No.	A 160158	Rek. Nr Comp No.	0012501094
Gradering Grading	(SP)	Hoogte Height	84.0 cm

Moer Dam	M M C DK RISE TO GLORY		
Registr Nr Registr No.		Rek. Nr Comp No.	0012887089
Gradering Grading	(A)	Hoogte Height	88.5 cm

KORREK GESERTIFISEER
CERTIFIED CORRECT



CERTIFICATE
OF QUALITY
Valid up to
October 2029

Datum van inspeksie
Date of inspection

Datum van uitreiking
Date of issue **07/09/2026**

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

[illegible]

Notification of death:
Kennisgewing van dood:

Date _____
Datum _____

Signature of Owner:
Handtekening van Eienaar:

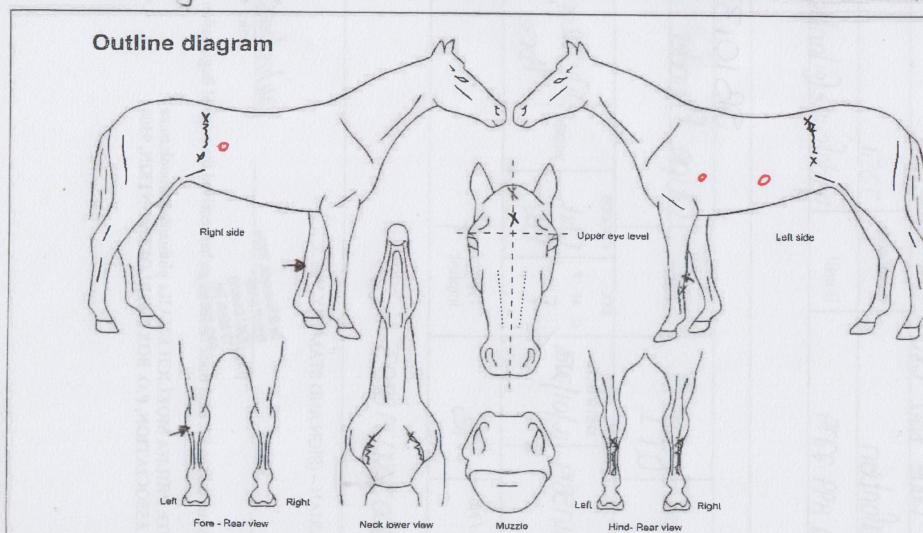
Notification of Gelding:
Kennisgewing van Kastrering:

Date _____
Datum _____

Signature of Owner:
Handtekening van Eienaar:

GENERAL MANAGER/HOOFBESTUURDER

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Female	Dark Bay	16/01/2026	Mmc Alt Ever So Clever	Mmc ZF Remarkable Rachel	Glorie Flouriter



MICROCHIP STICKER



NAME OF VETERINARIAN _____

Dr Sebastianus Jakobus Wessels

S. J. Wessels BVSc
SIGNATURE OF VETERINARIAN

DATE 24 / 08 / 2026

PRACTICE STAMP

Dr S Wessels, BVSc
D26/18325
TAH Darling
17 Main Rd
022 492 2545

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: forelock whorl, median whorl above upper eye level

LEFT FORE	Scar behind knee, whorl behind knee, black hoof
RIGHT FORE	Nil, black hoof
LEFT HIND	Whorl behind canon, black hoof
RIGHT HIND	Whorl behind canon, black hoof

BODY / WHORLS

Bilateral feathered chest whorls
Bilateral join to flanks where feather
pattern
white spots behind Lt. shoulder
and ribcage
white spot on Rt flank

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Scar behind Lt knee

**MULTIPLE MOVEMENT
PERMIT**

Passport Nr: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

Passport Number
SB10137

HORSE PASSPORT

QTIPIE FLOUNDER (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

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Continued

LABORATORY TEST

Passport Nr: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

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: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

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: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10137 Name: QTIPIE FLOUNDER (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: SB10137 Name: QTIPIE FLOUNDER (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: SB10137 Name: QTIPIE FLOUNDER (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]

Passport Nr: SB10137 Name: QTIPIE FLOUNDER (Parentage Verified)

[illegible]