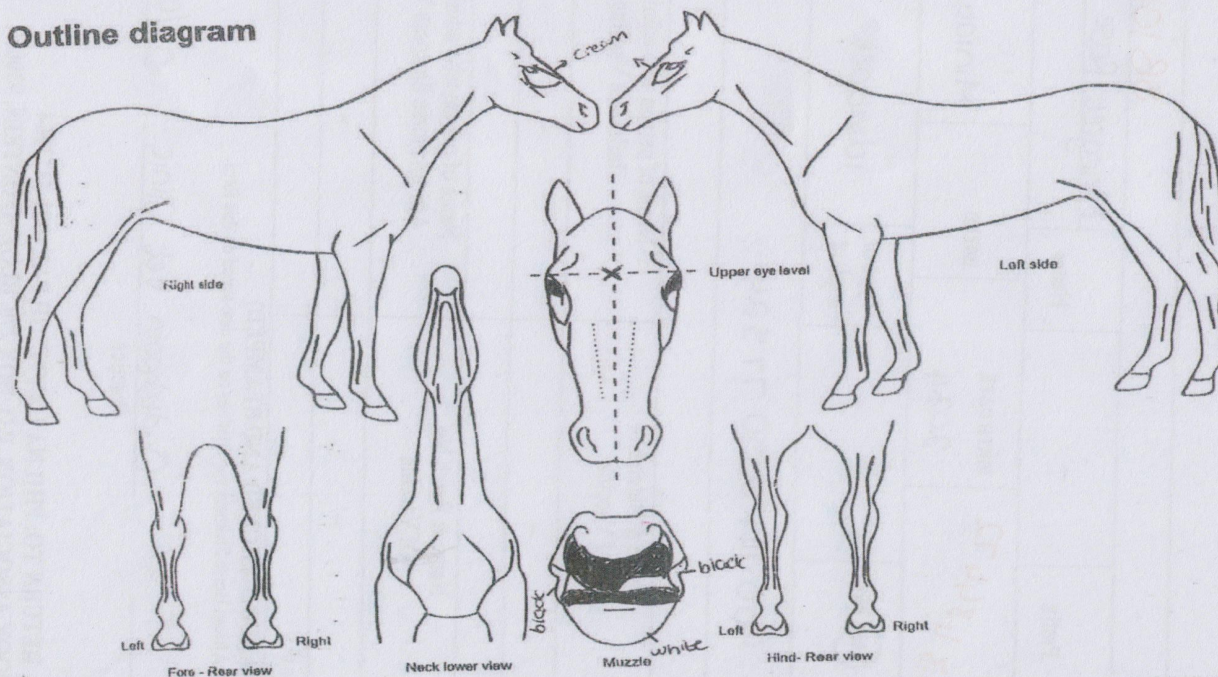


OWNER: 0737250 ME. J ANDALAFT POTJESBERG FARM UNIONDALE, 6460 Phone: 0728902908

Passport Nr: SB10125 Name: MARGRET ROSE

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
F	Cremello	2024	-	-	Margret Rose

Outline diagram

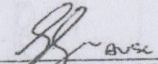


MICROCHIP STICKER

900141000077524

NAME OF VETERINARIAN

Dr. S. Sager


SIGNATURE OF VETERINARIAN

DATE 05/08/2026

PRACTICE STAMP

 **Oudtshoorn Veterinary Clinic**
Onverwacht Crescent
Tel: (044) 272 3076
odnvvet@mweb.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Medium whorl upper eye level. Wall eyes (both). Cream patches extending from both eyes terminating towards nasal bridge. Large flesh mark between and into both nostrils and lower lip. black patches either side of nostrils.

LEFT FORE	Cremello extending to rest of body
RIGHT FORE	Cremello extending to rest of body
LEFT HIND	Cremello extending to rest of body
RIGHT HIND	Cremello extending to rest of body

BODY / WHORLS
All Cremello

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10125
NAME OF HORSE	MARGRET ROSE
DATE OF BIRTH	12/08/2024
COLOUR	Cremello
SEX	MARE
SIRE NAME	
DAM NAME	
SIRE of DAM NAME	
COMPUTER NUMBER	0013484472
MICROCHIP NO	900141000077524

RECORD OF OWNERSHIP
Passport Nr: SB10125 Name: MARGRET ROSE

Trans Date	Name of Buyer	Physical Address and Cell Number	Signature of Seller	SA Stud Book

Notification of death:

Date

Signature of Owner:

Notification of Gelding:

Date

Signature of Owner:

GENERAL MANAGER

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB10125 Name: MARGRET ROSE****Passport Number****SB10125****HORSE PASSPORT****MARGRET ROSE****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: SB10125 Name: MARGRET ROSE

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10125 Name: MARGRET ROSE

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: SB10125 Name: MARGRET ROSE

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

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[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10125 Name: MARGRET ROSE

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10125 Name: MARGRET ROSE

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: SB10125 Name: MARGRET ROSE

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: SB10125 Name: MARGRET ROSE

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

[illegible]

Continue on page 11

Passport Nr: SB10125 Name: MARGRET ROSE

[illegible]