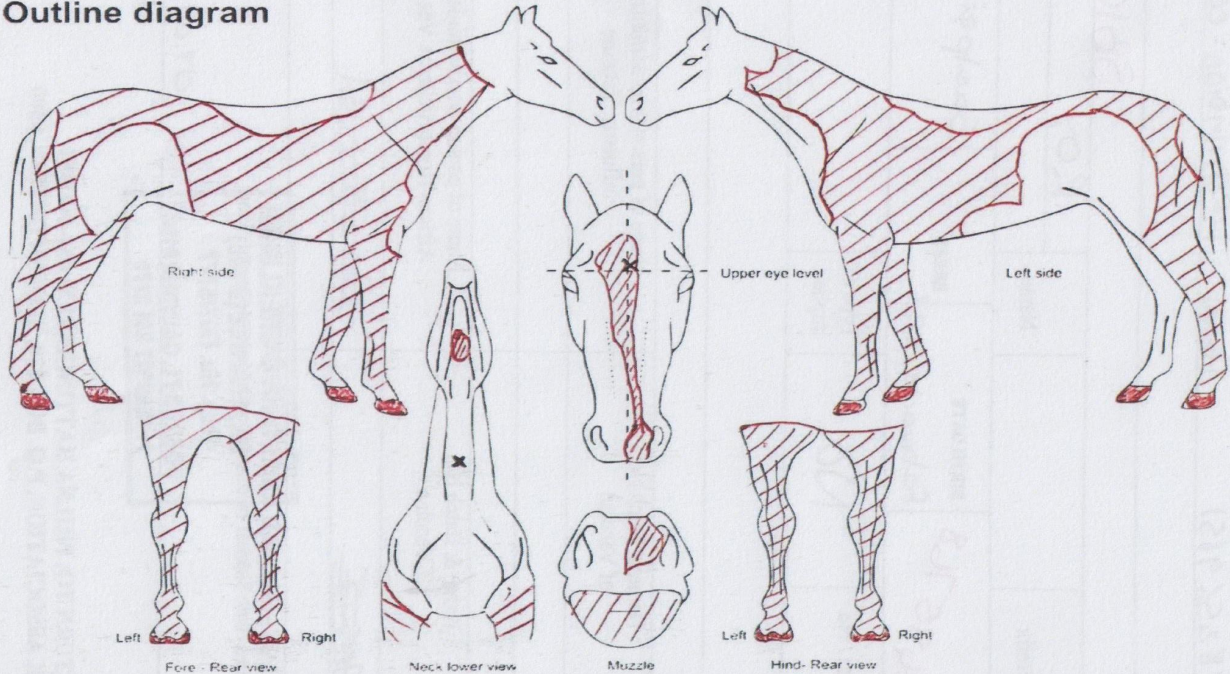


OWNER: 0737902 MNR. J.F. DE VILLIERS 1 WATER STREET CALVINIA, 8190 Phone: 0784569651

Passport Nr: SB10140 Name: ROY

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
♂	Pinto	February 2023	WARRIOR	DEMI	ROY

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

DR. EA Nel

Emil BVSc
SIGNATURE OF VETERINARIAN

DATE 07 / 09 / 2026

PRACTICE STAMP

CALVINIA DIEREKLINIEK
DR. E. A. NEL (BVSc)
Reg. No. D07/5777
POSBUS 71, CALVINIA 8190
TEL. 027 341 2779

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: BROWN HEAD, WHITE STAR + STRIPE ENDING IN WHITE SNIP ON NOSE
WHITE PATCH BETWEEN JAWBONES

LEFT FORE	WHITE LEG, WHITE HOOF
RIGHT FORE	WHITE LEG, WHITE HOOF
LEFT HIND	WHITE LEG, WHITE HOOF
RIGHT HIND	WHITE LEG, WHITE HOOF

BODY / WHORLS
Body mostly white, head and chest brown, brown patch under saddle brown areas around both flanks and around tail base

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NONE

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10140
NAME OF HORSE	ROY
DATE OF BIRTH	11/02/2023
COLOUR	Pinto
SEX	STALLION
SIRE NAME	WARRIOR
DAM NAME	DEMI
SIRE of DAM NAME	
COMPUTER NUMBER	0013485768
MICROCHIP NO	-

RECORD OF OWNERSHIP
Passport Nr: SB10140 Name: ROY

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: SB10140 Name: ROY

**Passport Number
SB10140**

HORSE PASSPORT

ROY

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: SB10140 Name: ROY

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10140 Name: ROY

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: SB10140 Name: ROY

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: SB10140 Name: ROY

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10140 Name: ROY

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: SB10140 Name: ROY

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: SB10140 Name: ROY

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: SB10140 Name: ROY

[illegible]