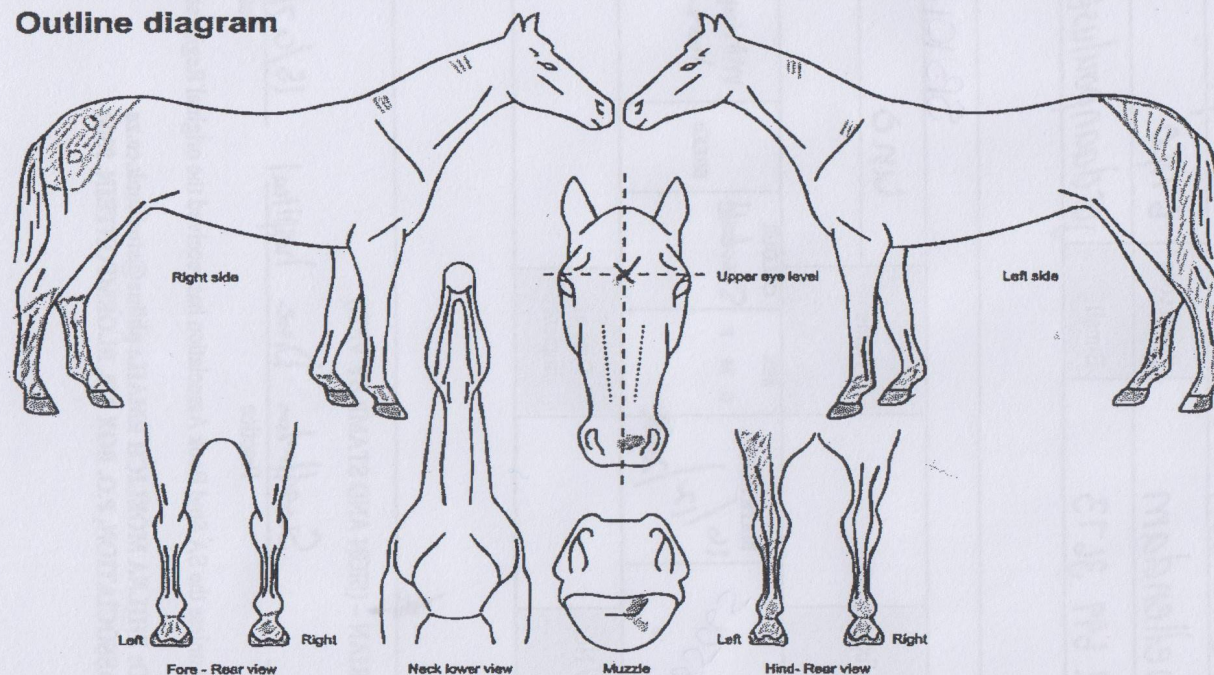


OWNER: 0737365 MS H. JORDAAN PO BOX 73, BREEDE OEWER GASTEPLAAS SWELLENDAM, 6740 Phone: 0726993673

Passport Nr: SB10133 Name: UNO

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Gelding	Skewbald	16/12/2022	Cappicino	Pippie	Uno

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

Dr PWA Coetzee

SIGNATURE OF VETERINARIAN

DATE 15/07/2026

PRACTICE STAMP

Swellendam Dierehospitaal
Dr PWA Coetzee BVSc
Glen Barry Weg 28
Swellendam, 6740

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: medial white at level of upper eye. fleshmark touching left nostril fleshmark left upper muzzle

LEFT FORE	Quarter cannon white hoof
RIGHT FORE	Quarter cannon white hoof
LEFT HIND	Striped hoof with full white leg lateral and full white cannon medial
RIGHT HIND	Full cannon and white hoof

BODY / WHORLS
Few white hairs left and right crest
Few white hairs left shoulder
white patch on right side from rump to buttock
white mark left from rump down to left leg

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

N/A

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10133
NAME OF HORSE	UNO
DATE OF BIRTH	16/12/2022
COLOUR	Skewbald
SEX	G
SIRE NAME	CUPPICINO
DAM NAME	PIPIE
SIRE of DAM NAME	
COMPUTER NUMBER	0013485065
MICROCHIP NO	-

RECORD OF OWNERSHIP
Passport Nr: SB10133 Name: UNO

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: SB10133 Name: UNO

**Passport Number
SB10133**

HORSE PASSPORT

UNO

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: SB10133 Name: UNO

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10133 Name: UNO

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: SB10133 Name: UNO

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: SB10133 Name: UNO

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10133 Name: UNO

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: SB10133 Name: UNO

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 			

