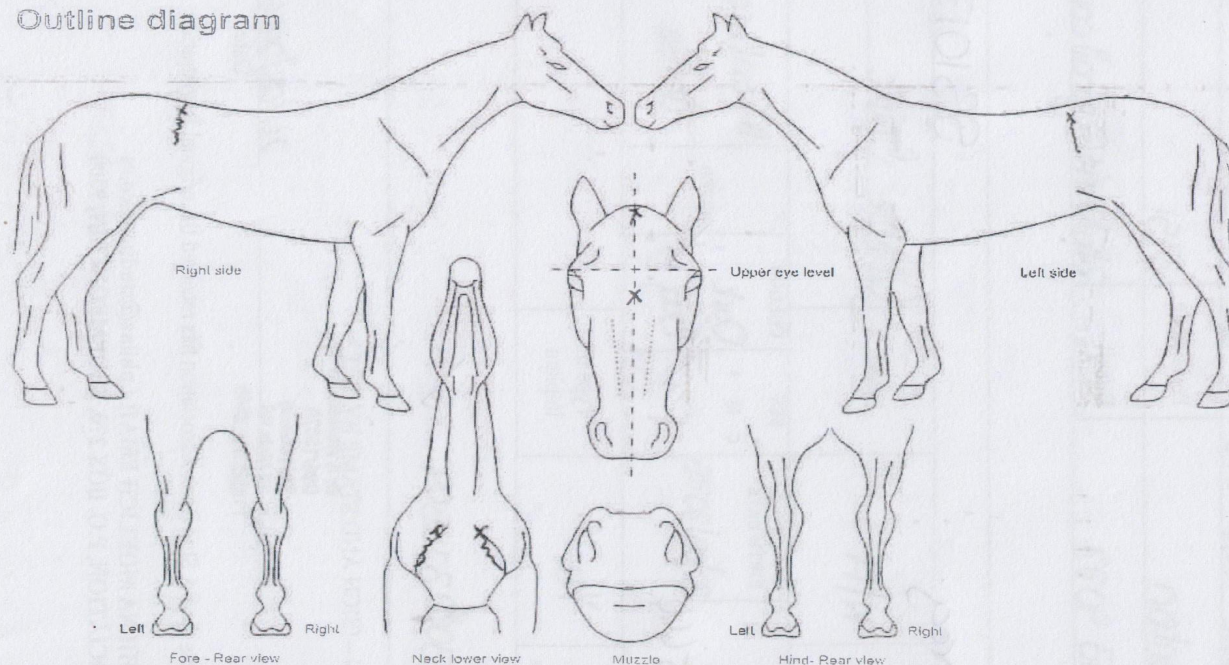


OWNER: 0710516 ME. J. FOURIE 155 LUTIE KOTZ EXT YZERFONTEIN, 3751 Phone: 0827739027

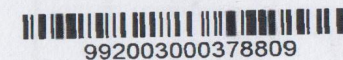
Passport Nr: SB10139 Name: QTIEPIE SPIRIT

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Female	Dark Bay	30/08/2025	Qtiepie Midnight Storm	Wildon Flirting Lady	Qtiepie Spirit

Outline diagram



MICROCHIP STICKER



NAME OF VETERINARIAN

Dr Sebastian Jakobus Wessels

S. 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: Two vertical whorls, one above eye level, one below eye level, on midline.

LEFT FORE	Nil, Black hoof
RIGHT FORE	Nil, Black hoof
LEFT HIND	Nil, Black hoof
RIGHT HIND	Nil, Black hoof

BODY / WHORLS

Bilateral elongated whorls at level of
loin extending ventral.
Bilateral elongated / leather whorls
on pectoral regions

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

Nil

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10139
NAME OF HORSE	QTIEPIE SPIRIT
DATE OF BIRTH	30/08/2025
COLOUR	Dark Bay
SEX	MARE
SIRE NAME	QTIPIE MIDNIGHT STORM
DAM NAME	WILDAN FLIRTING LADY
SIRE of DAM NAME	
COMPUTER NUMBER	0013485644
MICROCHIP NO	9920030000378809

RECORD OF OWNERSHIP
Passport Nr: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT****Passport Number****SB10139****HORSE PASSPORT****QTIEPIE SPIRIT****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: SB10139 Name: QTIEPIE SPIRIT

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT

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: SB10139 Name: QTIEPIE SPIRIT

[illegible]