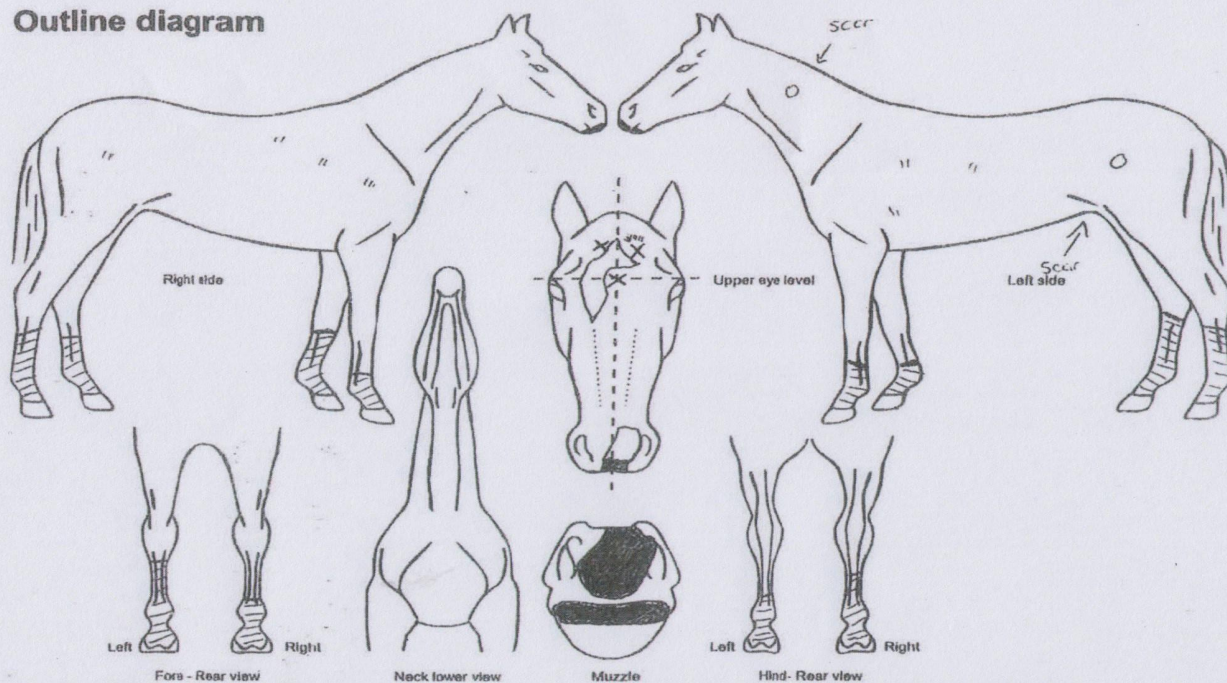


OWNER: 0737250 ME. J ANDALAFT POTJESBERG FARM UNIONDALE, 6460 Phone: 0728902908

Passport Nr: SB10122 Name: TOWER OF VICTORY

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	Black	2008	-	-	Tower of Victory

Outline diagram



MICROCHIP STICKER

900250000318360

NAME OF VETERINARIAN

Dr S. Sagor

SIGNATURE OF VETERINARIAN

DATE 05/08/2026

PRACTICE STAMP



**Oudtshoorn
Veterinary Clinic**

Onverwacht Crescent
Tel: (044) 272 3076
odnveter@mvweb.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Irregular scar commencing above upper eye level, extending to right and terminating below eye level. Two whorls adjacent above upper eye level, one either side of median line. One median whorl at eye level. few white hairs above left whorl. White snip extending to left nostril wing and to the right of median line, terminating in large flesh mark between nostrils. flesh mark lower lip.

LEFT FORE	White to upper third of cannon
RIGHT FORE	White to lower third of cannon
LEFT HIND	White to lower third of cannon
RIGHT HIND	White to upper third of cannon

BODY / WHORLS

Small white hairs over chest and quarters on left and right.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Scar on left flank and left neck

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10122
NAME OF HORSE	TOWER OF VICTORY
DATE OF BIRTH	17/08/2008
COLOUR	Black
SEX	STALLION
SIRE NAME	
DAM NAME	
SIRE of DAM NAME	
COMPUTER NUMBER	0013484449
MICROCHIP NO	9002500000318360

RECORD OF OWNERSHIP
Passport Nr: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY****Passport Number****SB10122****HORSE PASSPORT****TOWER OF VICTORY****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: SB10122 Name: TOWER OF VICTORY

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY

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: SB10122 Name: TOWER OF VICTORY

[illegible]