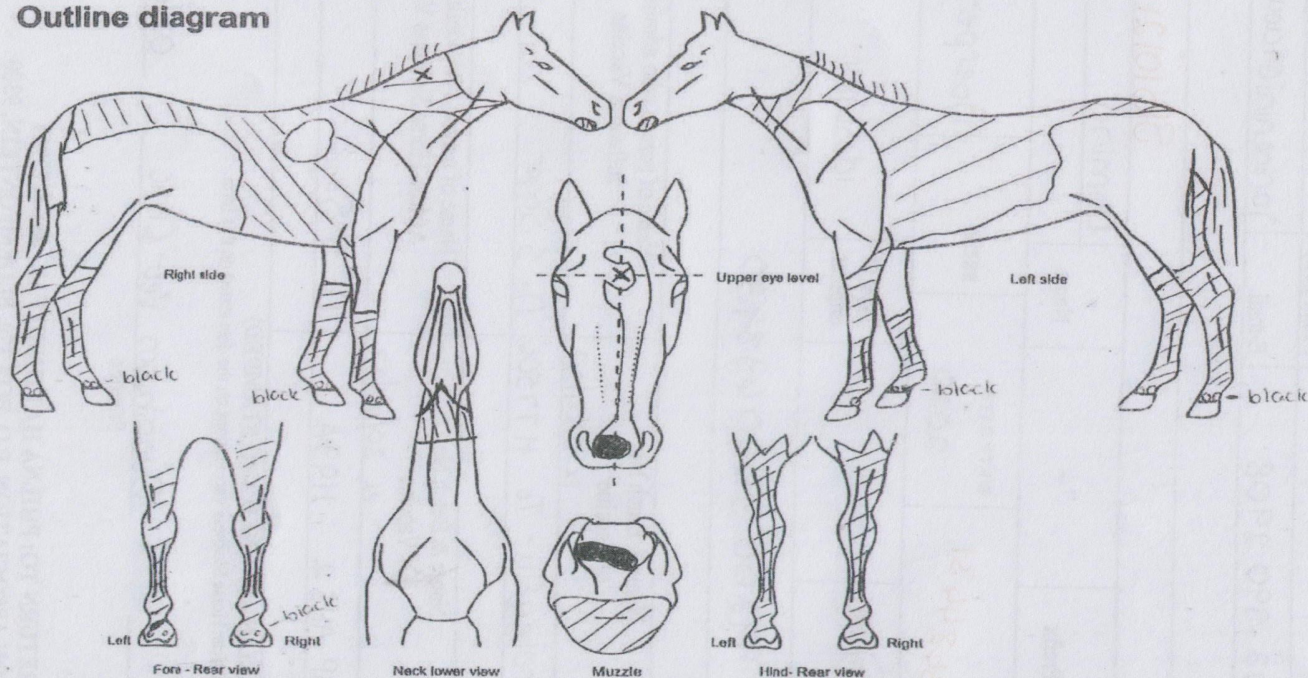


OWNER: 0737250 ME. J ANDALFT POTJESBERG FARM UNIONDALE, 6460 Phone: 0728902908

Passport Nr: SB10121 Name: DOMINO

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	Piebald	2020	-	-	Domino

Outline diagram



MICROCHIP STICKER

992063000638930

NAME OF VETERINARIAN

Dr S. Sager

[Signature]
SIGNATURE OF VETERINARIAN

DATE 05/08/2026

PRACTICE STAMP

Oudtshoorn Veterinary Clinic
Onverwacht Crescent
Tel: (044) 272 3076
odnveterin@web.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Medium whorl at upper eye level outside a semi-circle star extending into stripe to left broadening at nasal peak and terminating as a fleshmark between nostrils. white muzzle

LEFT FORE	White to shoulder, ermine marks caudally
RIGHT FORE	White to knee, ermine marks coronet
LEFT HIND	White to above hock, coronet ermine marks.
RIGHT HIND	White to above hock, coronet ermine marks.

BODY / WHORLS

White patch on left extending from neck to chest and part of croup.
White patch on right extending from neck to chest and part of croup with upper neck whorl and patch within white patch black white more caudally.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10121
NAME OF HORSE	DOMINO
DATE OF BIRTH	01/08/2020
COLOUR	Black
SEX	STALLION
SIRE NAME	
DAM NAME	
SIRE of DAM NAME	
COMPUTER NUMBER	0013484431
MICROCHIP NO	9920030000638930

RECORD OF OWNERSHIP
Passport Nr: SB10121 Name: DOMINO

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: SB10121 Name: DOMINO****Passport Number****SB10121****HORSE PASSPORT****DOMINO****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: SB10121 Name: DOMINO

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10121 Name: DOMINO

[illegible]

Continued

VACCINATIONS AGAINST EQUINE INFLUENZA

Passport Nr: SB10121 Name: DOMINO

[illegible]

Continued

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10121 Name: DOMINO

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10121 Name: DOMINO

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: SB10121 Name: DOMINO

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: SB10121 Name: DOMINO

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: SB10121 Name: DOMINO

[illegible]