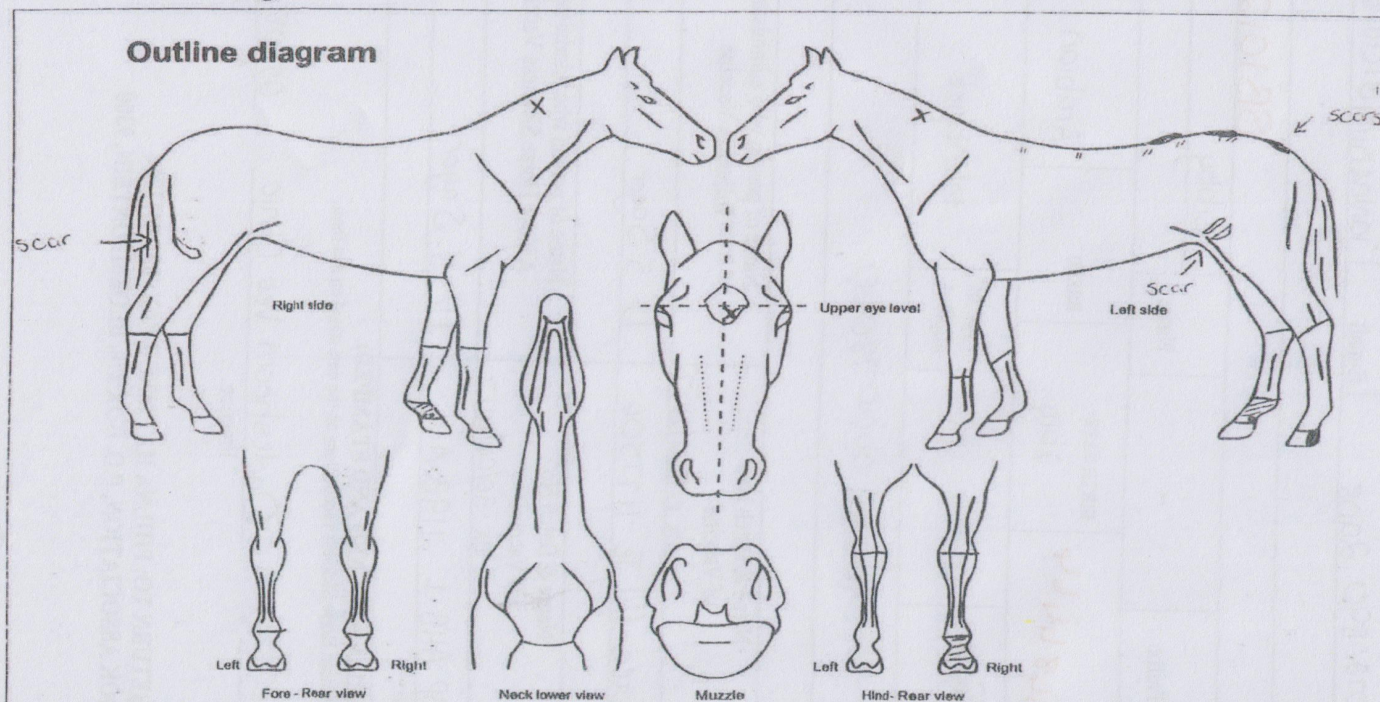


OWNER: 0737250 ME. J ANDALFT POTJESBERG FARM UNIONDALE, 6460 Phone: 0728902908

Passport Nr: SB10124 Name: LIBBY

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
F	Dark Bay	2014	-	-	Libby



MICROCHIP STICKER

900141000078060

NAME OF VETERINARIAN

Dr. S. Sager

SIGNATURE OF VETERINARIAN

DATE 05/08/2026

PRACTICE STAMP



Oudtsheer Veterinary Clinic
Onverwacht Creek
Tel: (044) 272 3600
advet@vodnet.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl at upper eye level to left of midline in diamond star, white snip at upper lip margin.

LEFT FORE	Black up to knee with white patch medially at coronet with ermine marks
RIGHT FORE	Black up to knee
LEFT HIND	Black up to hock, striated hoof
RIGHT HIND	White to fetlock with ermine marks and black up to hock

BODY / WHORLS

Bilateral high neck whorls with scars on left flank and right hind quarter. Few white hairs running along dorsal spine towards tail base. Scars running from saddle to tail base.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Scars on left flank and on right hind quarter. Scars on dorsal lumbar region towards croup.

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10124
NAME OF HORSE	LIBBY
DATE OF BIRTH	05/08/2014
COLOUR	Dark Bay
SEX	MARE
SIRE NAME	
DAM NAME	
SIRE of DAM NAME	
COMPUTER NUMBER	0013484464
MICROCHIP NO	900141000078060

RECORD OF OWNERSHIP
Passport Nr: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

Passport Number

SB10124

HORSE PASSPORT

LIBBY

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: SB10124 Name: LIBBY

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

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: SB10124 Name: LIBBY

[illegible]