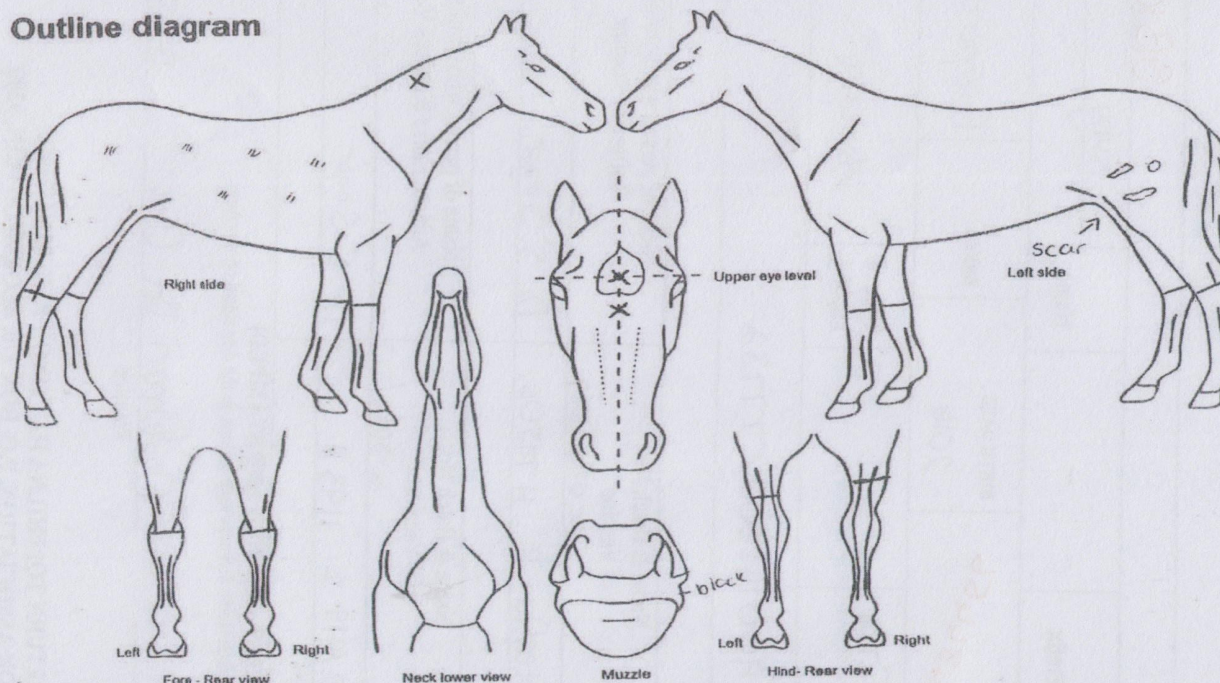


OWNER: 0737250 ME. J ANDALFT POTJESBERG FARM UNIONDALE, 6460 Phone: 0728902908

Passport Nr: SB10123 Name: RUBY

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
F	Dark Bay	2016	-	-	Ruby

Outline diagram



MICROCHIP STICKER

900141000077732

NAME OF VETERINARIAN

Dr S. Sager

SIGNATURE OF VETERINARIAN

DATE 05/08/2026

PRACTICE STAMP



**Oudtshoorn
Veterinary Clinic**

Onverwacht Crescent
Tel: (044) 272 3076
odnvot@mweb.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Median star extending from above upper eye level to upper eye level containing median whorl at upper eye level with separate median star whorl below upper eye level. Black upper lip extending from nasal wings.

LEFT FORE	Black from coronet to just above knee.
RIGHT FORE	Black from coronet to just above knee.
LEFT HIND	Black from coronet to hock
RIGHT HIND	Black from coronet to hock.

BODY / WHORLS

Right high neck whorl

few white hairs on right chest and flank.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Three scars on left flank

IDENTIFICATION OF EQUINE	
PASSPORT NUMBER	SB10123
NAME OF HORSE	RUBY
DATE OF BIRTH	02/08/2016
COLOUR	Dark Bay
SEX	MARE
SIRE NAME	
DAM NAME	
SIRE of DAM NAME	
COMPUTER NUMBER	0013484456
MICROCHIP NO	900141000077732

RECORD OF OWNERSHIP
Passport Nr: SB10123 Name: RUBY

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: SB10123 Name: RUBY

Passport Number

SB10123

HORSE PASSPORT

RUBY

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: SB10123 Name: RUBY

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB10123 Name: RUBY

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: SB10123 Name: RUBY

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: SB10123 Name: RUBY

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10123 Name: RUBY

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: SB10123 Name: RUBY

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: SB10123 Name: RUBY

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: SB10123 Name: RUBY

[illegible]