

Philna Moelich

From: Sunel van der Merwe <sunel@studbook.co.za>
Sent: 23 July 2025 01:45 PM
To: PHILNA MOELICH
Subject: Paspoortaansoeke - x7 Aucamp Arabiere
Attachments: Paspoort aansoek brief- Philna.pdf; HA SHARIFF.PDF; HA SHARIFF1.pdf; SAJJID.PDF; SAJJID1.pdf; TAHIRA.PDF; TAHIRA1.pdf; CASSANDRA.PDF; CASSANDRA1.pdf; BELISSIMA.PDF; BELISSIMA1.pdf; APPLI.PDF; APPLIC.PDF; CLARRISIMA.PDF; CLARISSIMA1.pdf; MALAKAT.PDF; MALAKAT1.pdf

Goeie middag Philna,

Hiermee aangeheg is x7 paspoortaansoekke vir **0647632ARH** - Aucamp Arabiere. Ek sien die eerste twee het reeds paspoorte, maar hulle aansoeke ook gestuur. Ek heg hulle ook hierby aan. Weet nie of daar info is op die nuwe aansoek wat op die duplikaat moet kom nie.

Groete,
Sunel van der Merwe
Office Administrator
Arab Horse Society of South Africa





ARAB HORSE SOCIETY
OF SOUTH AFRICA

23 July 2025

Paspoort Aansoek

Beste Philna,

Eienaar naam: AUCAMP ARABIERE

Stamboek Nr. 0647632ARH

Genootskap Nr. AUC002

Aansoek vir 7 Arabier perd Paspoort:

Nr.	Naam:	Rekenaar Nr.	Registrasie Nr
1.	HA CLARISSIMA (Passport No. SB6907)	0013228085	32006/41
2.	HA BELLISSIMA (Passport No. SB6782)	0013176417	31876/40
3.	EKS BINT MALAKAT	0013426929	34304/48
4.	HA CASSANDRA	0013426903	34353/48
5.	EKS SAJJID	0013375639	33541/45
6.	HA TAHIRA	0013425574	34290/47
7.	HA SHARIF	0013426911	34781/49

Aangeheg is die paspoort aansoeke.

Vriendelike groete

Sunel van der Merwe

Sekretaresse

Arab Horse Society of SA

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIEKE		
ID number	7003260231086		
Member number	0647632006		
Address of owner	Farm Hoogenboomen		
	Rustenburg	Postal code	0299
Telephone		E-mail	aucamparabianse@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	HA	Name	Sharif
Registration Number of horse	34781 13426711	BIRTH DATE	08/03/2019	BREED
				ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature .

DR. FIDA YOUNG
PETPASSION ANIMALCARE INC
081 595 4231 / 076 969 5999
Practice

01/07/2025
Date

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Gelding grey		08/03/2019	IJN FARID	DAM HA GABRIELLA	HA SHGITIF

Outline diagram

MICROCHIP STICKER

NAME OF VETERINARIAN
Dr. Fida Young

SIGNATURE OF VETERINARIAN

DATE 01/07/2025

PRACTICE STAMP
DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
081 595 4231 / 076 969 5999

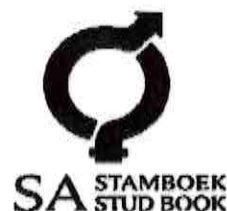
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl at upper eye level on midline.

LEFT FORE	<u>Poster; Black hoof</u>	BODY / WHORLS
RIGHT FORE	<u>Lower Cannon white hoof</u>	<u>Bilateral mid crest whorls</u>
LEFT HIND	<u>Upper Cannon white hoof</u>	
RIGHT HIND	<u>Lower hoof Striped hoof</u>	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Permanent scar Right lateral bulb of hoof

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIERE		
ID number	7003260231086		
Member number	0647632000		
Address of owner	Farm Hoogenboomien		
	Rustenburg	Postal code	0299
Telephone		E-mail	aucamparabianse@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	EKS	Name	SAJJID
Registration Number of horse	33541	BIRTH DATE	01/01/2021	BREED
	133-75639			ARABIAN
RF ID Implant / Micro Chip Number	Yes / No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Prequenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature .

DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
081 595 4231 / 076 969 5999
Practice

01/07/2025

Date

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Stallion	Dapple Grey	01/01/2024	SHAMS AL DIN AA	EKS PARISA	EKS SAJJID

Outline diagram

MICROCHIP STICKER

NAME OF VETERINARIAN
Dr. Fida Young

SIGNATURE OF VETERINARIAN
[Signature]

DATE 21/07/2025

PRACTICE STAMP

DR. FIDA YOUNG
PETPASSION ANIMAL CARE
081 595 4231 / 075 94

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whet above upper eye level to left of midline. Small Fleckmark between nostrils.

LEFT FORE	NIL	BODY / WHORLS	Neck Right Two whorls on crest pointed feathering.
RIGHT FORE	NIL		Neck Left Two whorls on crest pointed feathering.
LEFT HIND	Lower Cannon white hoof		Two Vertical neck whorls pointed by a feather.
RIGHT HIND	Lower Cannon white hoof		

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIERE		
ID number	7003260231086		
Member number	0647632000		
Address of owner	Postnet suite 53		LYDENBURG // Farm Hoogenboomen
	Private side x20097	Postal code	1120 / Rustenburg 0299
Telephone	083 391 1275	E-mail	aucamparabianse@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	HA	Name	TAHIRA
Registration Number of horse	34290 13425574	BIRTH DATE 28/12/2020	BREED ARABIAN	ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Influenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

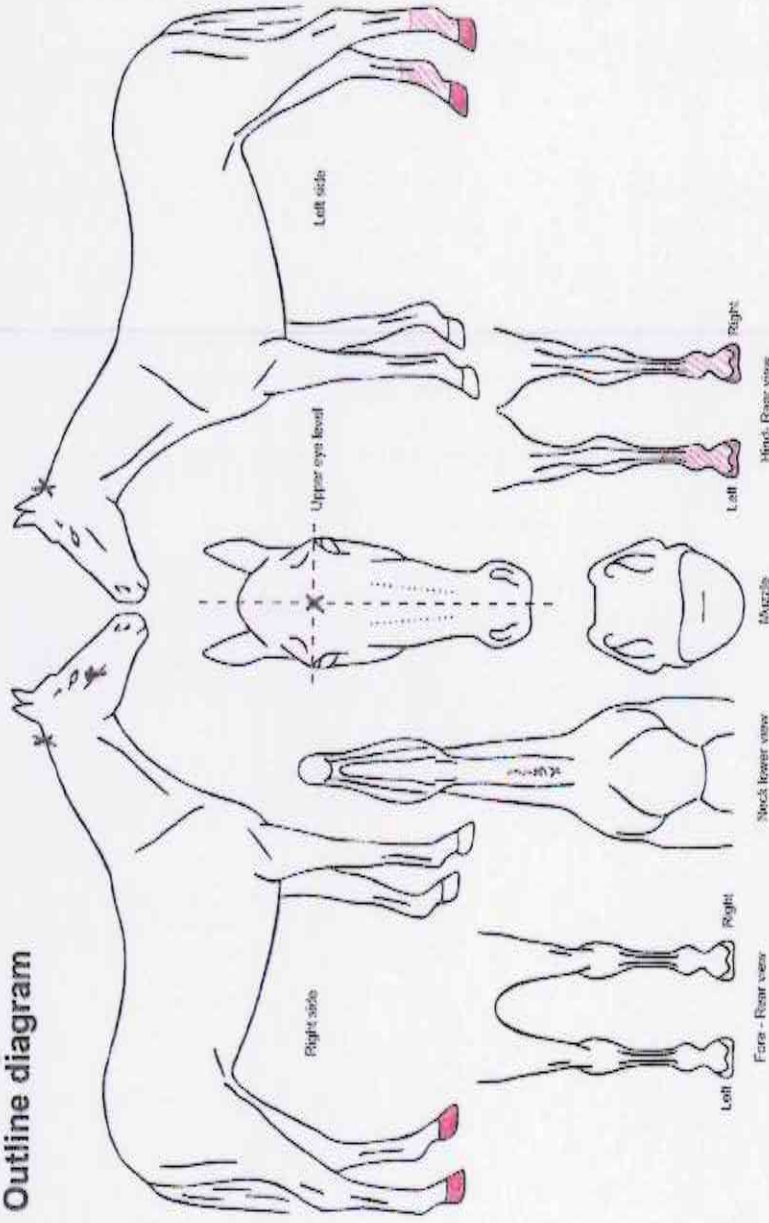
Signature: DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
1 595 4231 / 076 969 5999

Practice: [Signature] Date: 01/07/2025

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Male	Dapple grey	16/12/2020		EKS FAHIAH	HATAHIA

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Wool at upper eye level

LEFT FORE	NIL	BODY / WHORLS
RIGHT FORE	NIL	
LEFT HIND	Lower Cannon white hoof	Blistered Pae whorls
RIGHT HIND	Lower Cannon white hoof	Wool ventral neck feathering

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Blind Right eye

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Fida Young

SIGNATURE OF VETERINARIAN

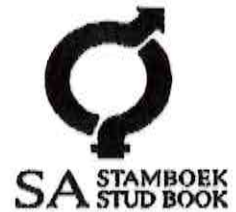
[Signature]

DATED 04/07/2025

PRACTICE STAMP

FIDA YOUNG
PASSION ANIMAL CARE INC
595 4231 / 076 969 5959

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIERE		
ID number	7003260231086		
Member number	0674 7632000		
Address of owner	Farm Hoogenboonen		
	Rustenburg	Postal code	0299
Telephone		E-mail	aucamparabianse@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	#A	Name	Cassandra
Registration Number of horse	34353	BIRTH DATE	10/11/2023	BREED
	13426903			ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Prequenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

DR. FIDA YOUNG
REPASSION ANIMAL CARE INC
Signature . 081 595 4231 / 076 969 5999

Practice

Date

01/07/2025

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Mare	grey	10/11/2023	EKS SATID	HA LADY ANA LIA	HA CASSANDRA

Outline diagram

MICROCHIP STICKER

NAME OF VETERINARIAN
Dr. Fida Young

SIGNATURE OF VETERINARIAN

DATE 01/07/2025

PRACTICE STAMP
DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
081 595 4231 / 075 969 5099

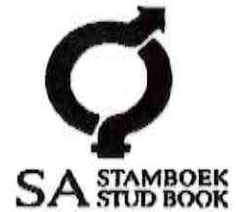
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl in a star above upper eye level on midline. Star extending into a strip ending in a fishmark. Bottom lip fleshmark.

LEFT FORE	<u>Upper Cannon: white hoof.</u>	BODY / WHORLS
RIGHT FORE	<u>Fetlock; white hoof.</u>	<u>Bilateral Pale whorls</u>
LEFT HIND	<u>Fetlock; white hoof</u>	
RIGHT HIND	<u>Fetlock; white hoof.</u>	<u>Ventral Neck Whorl Feathering</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIERE		
ID number	7003260231086		
Member number	0647632000		
Address of owner	FARM HOOGENBOOMEN		
	RUSTENBURG	Postal code	0299
Telephone		E-mail	aucamparabians@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	HA	Name	Bellissima
Registration Number of horse	31876 13176417	BIRTH DATE	27/01/2015	BREED
				ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Influenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
28-08-2024	OBP 1#:174	Dr. Fida Young
23-09-2024	OBP 2#:293B	Dr. Fida Young

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature .

DR. FIDA YOUNG
PETPASSION ANIMALCARE INC
031 505 4231 / 076 969 5999
Practice

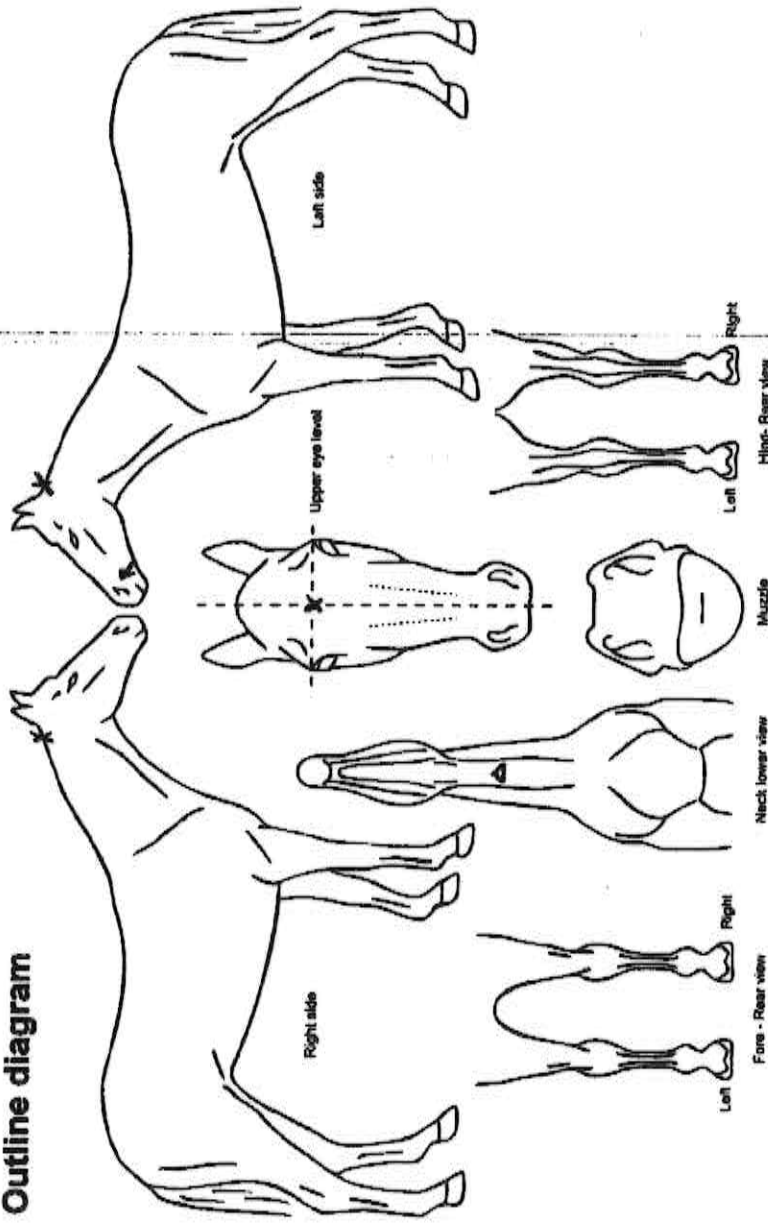
Date

01/07/2025

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE FA EL GHEET	DAM KANA EL WADAN	REGISTERD NAME HA BELTUS MIA
Mare	Red-Bitten Grey	27/01/2015			

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: *Whorl at upper eye level on midline*

LEFT FORE	NIL	Black hoofs	BODY / WHORLS
RIGHT FORE	NIL	Black hoofs	Bilateral Ple whorls
LEFT HIND	NIL	Black hoofs	
RIGHT HIND	NIL	Black hoofs	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) *Thumb-print ventral neck Permanent scar left upper lip.*

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Fida Young

SIGNATURE OF VETERINARIAN

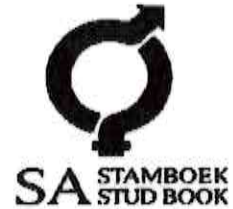
[Signature]

DATE *01/07/2025*

PRACTICE STAMP

DR. FIDA YOUNG
PETPASSION ANIMAL CARE F.C.
081 595 4331 / 076 94

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIERE		
ID number	7003260231086		
Member number	06747632000		
Address of owner	Form Hoogenboomen Rustenburg	Postal code	0299
Telephone		E-mail	aucamparabians@gmail.com
Fax			

HORSE DETAILS

SB6907

Name of horse	Prefix	HA	Name	Clarissina
Registration Number of horse	32006	BIRTH DATE	10/12/2015	BREED
	13 228 085			ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Hequenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
28/08/2024	ORP 1#:174	Dr. Fida Young
23/09/2024	ORP 2#:298B	Dr. Fida Young

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature .

DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
081 595 4231 / 076 969 5999
Practice

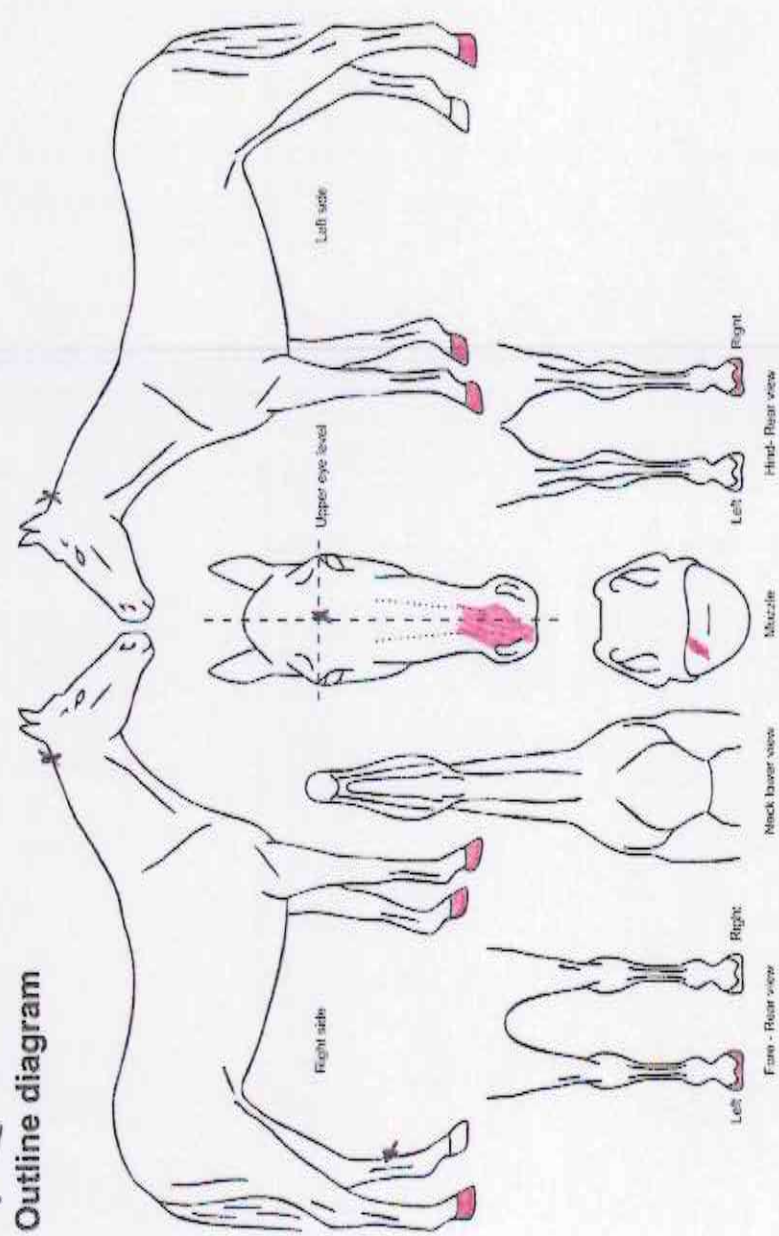
01/07/2025

Date

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX Male COLOUR Grey-foalborn DATE OF BIRTH (DD/MM/YYYY) 18/12/2015 SIRE BA EL GHE ET DAM SARAHINA WCA REGISTERED NAME HA CARISSIMA

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Fida Young

SIGNATURE OF VETERINARIAN

[Signature]

DATE 06/07/2025

PRACTICE STAMP

DR. FIDA YOUNG
 PET PASSION ANIMAL CARE INC
 081 395 4231 / 076 969 5959

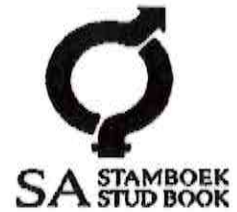
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl at upper eye level to left of midline Right Nodul Fleck mark Bottom lip Fleck mark to left

LEFT FORE	<u>White hoof</u>	BODY / WHORLS
RIGHT FORE	<u>White hoof</u>	<u>Bilateral Pie wheels</u>
LEFT HIND	<u>N/C</u>	
RIGHT HIND	<u>White hoof</u>	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Left and Cannon bone permanent scars

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	AUCAMP ARABIEKE		
ID number	7003260231086		
Member number	064 763 2000		
Address of owner	Postnet Suite 53 // FARM HOOGENBOMMEN RUSTENBURG 0249 LYDENBURG		
	Postal code	1120	
Telephone		E-mail	aucamparabiansegmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	EKS	Name	BINT MALAKAT
Registration Number of horse	34304	BIRTH DATE	14/10/2020	BREED
	13 426 929			ARABIAN
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
10-06-2025	Equilis Prequenza TE Batch: A319A01	Dr. Fida Young
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
28/08/2024	OBP 1#:174	Dr. Fida Young
23/09/2024	OBP 2#:293B	Dr. Fida Young

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature:

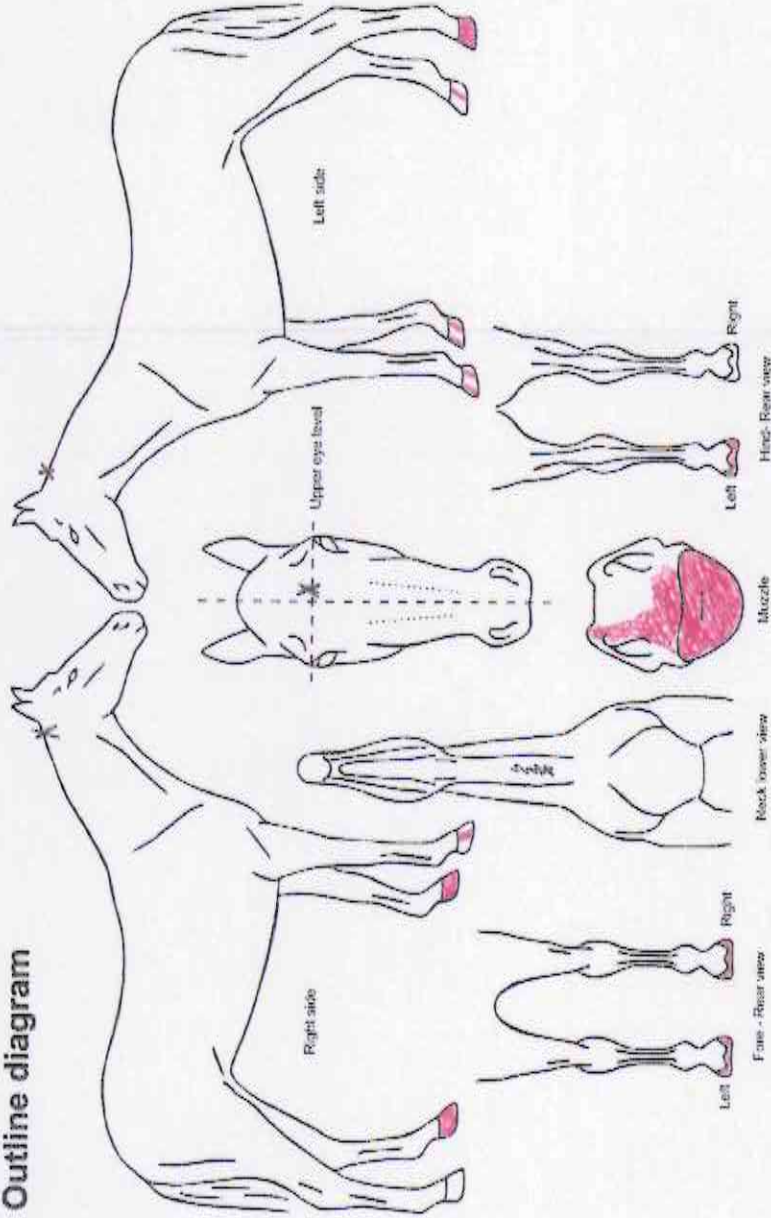
DR. FIDA YOUNG
PETPASSION ANIMALCARE INC
081 595 4231 / 076 989 5999
Practice

01/07/2025
Date

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
MALE	Grey	14/10/2020			EKS BINT MALAKAT

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorls at upper eye level to left of midline. Flea-bitten pattern flashmark Right nostril and bottom lip

LEFT FORE	Striped hoof	BODY / WHORLS
RIGHT FORE	Striped hoof	Bilateral Pile whorls
LEFT HIND	White hoof	Whorl ventral neck feathering
RIGHT HIND	Striped medial. Black lateral.	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Fida Young

SIGNATURE OF VETERINARIAN

[Signature]

DATE

01/07/2025

PRACTICE STAMP

DR. FIDA YOUNG
PETPASSION ANIMAL CARE INC
081 595 4231 / 076 969 5999

1 PERMIT APPLICATION FORM FOR MOVEMENT INTO THE AHS CONTROLLED AREA: 2021 v2

- Any movement INTO the AHS controlled area from the AHS infected area REQUIRES a permit
- This application must be accompanied by a copy of the ID page and AHS vaccination pages of a validated, accepted passport for each horse travelling
- A prepopulated prenote, for vets signature, will be sent to the nominated vet (Section 8 below) if and when the permit is issued – this is NOT proof of a permit being issued
- The signed (vet) health certificate must be in each passport not more than 72hrs prior to movement and must confirm the requirements as stated in the passport
- APPLICANT: Please complete all in full and email to: move@myhorse.org.za
- *Section 2: Stop Over Quarantine: Only if relevant**
- Please note: Permits into the AHS controlled area may take up to a minimum of 7 working days to process
(CA – controlled area, IZ – infected zone, PZ – protection zone, SZ – surveillance, FZ – free zone)

1	Travelling FROM: Holding the horse will be leaving from in AHS infected zone	Holding Name or ID	AUCAMP ARABIERE H. AUCAMP		
		Physical Address	FARM HOOGENBOOMEN		
		Duration of residence	5 YEARS		
		GPS coordinates (required)			
		Date of departure			
		Contact name and number at origin	Henrihet Aucamp 0833911275		
2	*Stopover quarantine (only if applicable)	Holding Name			
		Arrival date			
		Intended Departure date			
3	Travelling TO: Holding in the AHS controlled area the horse will be travelling to	Holding Name or ID	WILLIE BROWN - ELKASUN ARABIAN STUD		
		Physical Address	TWO RIVERS FARM R45 Franschoek 7624		
		Duration of residence	PERMANENT		
		GPS coordinates (required)			
		Date of arrival			
		Contact name and number at destination	Willie Brown 083 288 4801		
		Circle relevant zone PZ SZ FZ			
4	Duration of stay in the controlled area after movement	Temporary or Permanent	☒ Permanent		
		If temporary will the horse return to original holding?	☒ Yes		
7	Transporter Details	Driver or Company			
		Vehicle registration (trailer AND truck where separate)			
		Contact number and email			
8	Details of veterinarian responsible for the Compulsory Health Certificate for Movement (all details required)	Private Veterinarian name and Practice Name			
		Email address			
		Telephone number			
		Intended Date of exam			
10	Details and Declaration of responsible person† I confirm that the horses referred to in this application are resident at the location as provided and have not been removed from a 30km radius of this location for any period of time within the last 40 days of this application unless otherwise stated above	Name			
		Cell phone no.			
		Email address			
		Signed by and dated			

†The responsible person refers to the owner/ manager or agent of the horse/s that will be responsible for the movement of the horse into or within the AHS controlled area

1a	Horse information	Name of Horse	EKS BINT MALAKAT			
		Microchip number				
		Passport number				
1b	Vaccination information	AHS 1 Vaccination	date	28/08/2024	batch	174
		AHS 2 Vaccination	date	23/09/2024	batch	293B
		Name of administering vet	Dr. Fida Young			

2a	Horse information	Name of Horse	H A TAHIRA			
		Microchip number				
		Passport number				
2b	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name of administering vet				
3a	Horse information	Name of Horse	H A GABRIELLA			
		Microchip number				
		Passport number	SB6703.			
3b	Vaccination information	AHS 1 Vaccination	date	28/08/2024	batch	174
		AHS 2 Vaccination	date	23/09/2024	batch	293B
		Name of administering vet	Dr. Fida Young			
4a	Horse information	Name of Horse	EKS FAHIRA.			
		Microchip number				
		Passport number	SAEF 2018/0600.			
4b	Vaccination information	AHS 1 Vaccination	date	28/08/2024	batch	174
		AHS 2 Vaccination	date	23/09/2024	batch	293B
		Name of administering vet	Dr. Fida Young			
5a	Horse information	Name of Horse				
		Microchip number				
		Passport number				
5b	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name of administering vet				
6a	Horse information	Name of Horse				
		Microchip number				
		Passport number				
6b	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name of administering vet				
7a	Horse information	Name of Horse	H A TAHIRA			
		Microchip number				
		Passport number				
7b	Vaccination information	AHS 1 Vaccination	date		batch	
		AHS 2 Vaccination	date		batch	
		Name of administering vet				

If more than 7 horses please fill in page 1 of this application and then ask for an excel spreadsheet to complete the horse details from move@myhorse.org.za