

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 22 July 2025 03:23 PM
To: Philna Moelich
Subject: Juhantha paspoort aansoeke
Attachments: Completely in Tune - Songbird Serenade - Chapter One - La Vie e Rose - PASPOORT AANSOEKE.pdf

Hi Phil
Het ek al die aansoeke vir jou gestuur?

SADDLEBRED OFFICE

+27 82 336 3377 | +27 82 494 5715

office@saddlebred.co.za

saddlebred.co.za

31 William Solomonstreet
Heuwelsig
Bloemfontein
9301



Sealperdtelersgenootskap van SA
Standard Bank
Rek nr: 041079914 - Tak: 055034
Verwysing: U naam en Van

NB: Stuur bewys van betaling na
office@saddlebred.co.za
en/of

Whatsapp na 082 336 33 77
Bevestig waarvoor dit is asb

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JJP Smith - Juhantha stalle		
ID number	6203055092088		
Member number	062083		
Address of owner	Juhantha stalle, R45, Malmesbury Rd		
	Postal code	7654	
Telephone	082 44 9926	E-mail	Juhantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Juhantha	Name	Completely In Tune	
Registration Number of horse	SS419 13460316	BIRTH DATE	23/01/2024	BREED	Saddlebred.
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—	
If yes, please supply number of code					

VACCINATION DETAILS

Date of two most recent 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

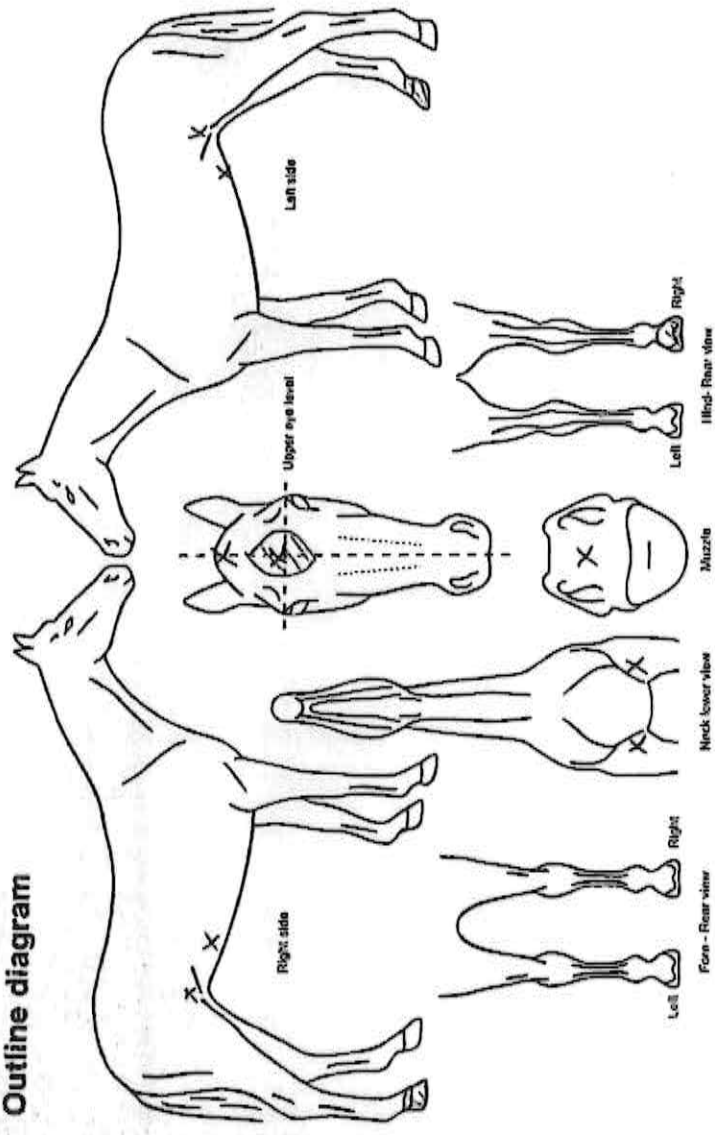
Dr Z. Snyman (FVSc)
Practice

18/06/2025
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	Wing	Woman	DAM	completely	girl	REGISTERED NAME
Italian	Livey	23/01/2024		and	long				Juhadha completely in June
									MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN
Zandri Snyman

SIGNATURE OF VETERINARIAN

DATE 18/06/2025

PRACTICE STAMP

Dr. Z. Snyman
DVM

WRITTEN DESCRIPTION OF MARKINGS:

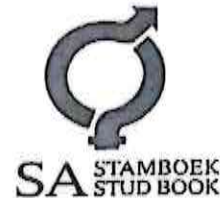
HEAD: stay with whorl above eyelevel, forelock whorl, muzzle whorl

LEFT FORE	Nil, black hoof
RIGHT FORE	Nil, black hoof
LEFT HIND	Nil, black hoof
RIGHT HIND	white coronary band, white hoof

BODY / WHORLS
Bilateral flank whorls
Bilateral belly whorls
Bilateral pectoral whorls

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JJP Smith - Juhantha Stalle		
ID number	6203055092056		
Member number	052053		
Address of owner	Juhantha Stalle, 245, Malmesbury Rd.		Postal code
			7654
Telephone	052 441 9926	E-mail	Juhantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Juhantha.	Name	SB9807 Songbird Serenade	
Registration Number of horse	57360 13 460 282	BIRTH DATE	06/12/2023	BREED	Saddlebred.
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—	
If yes, please supply number of code	—				

VACCINATION DETAILS

Date of two most recent 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

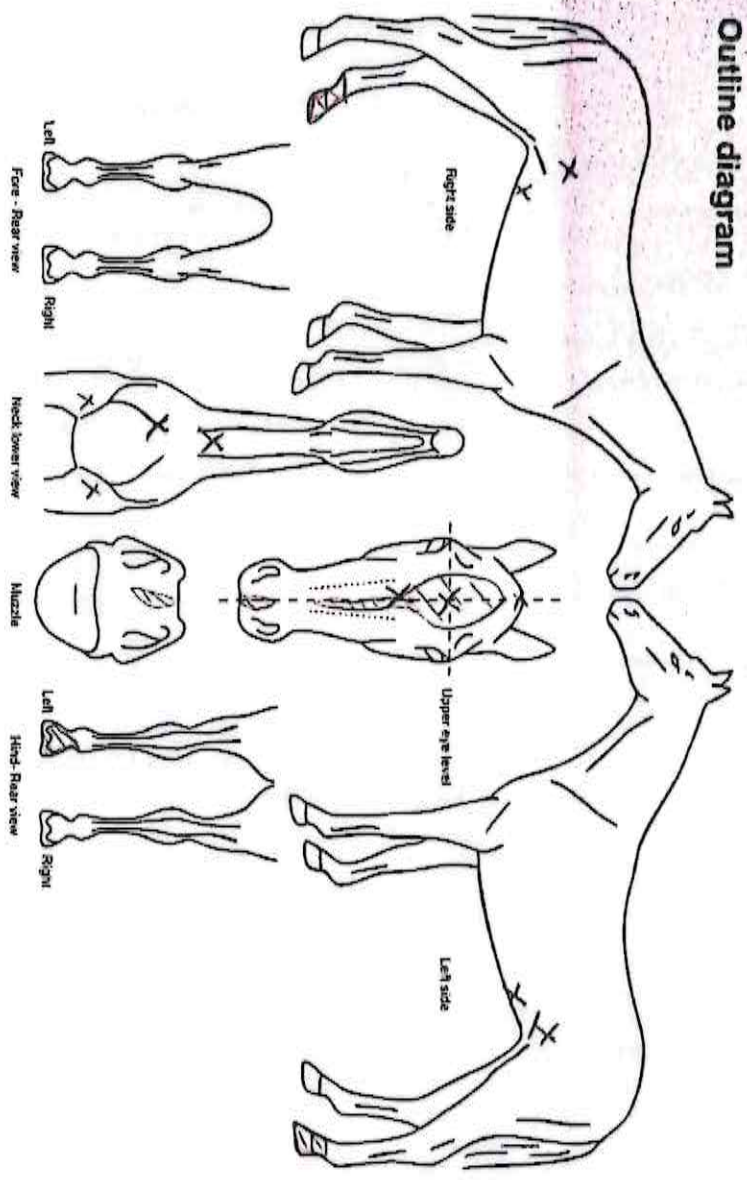
Dr. Z. Swymet (BVSc)
Practitioner

16/06/2025
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	Chilfnut	06/12/2023	Wine Woman and Jeng	Mardarin I Delight	Juventha Jengbird Jeremade

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Star extending one thin stripe, white snip, forelock whorl, whorl at eye level, whorl below eye level

LEFT FORE	Nil, Black hoof
RIGHT FORE	Nil, Black hoof
LEFT HIND	1/2 pattern lateral, Full pattern medial, white hoof
RIGHT HIND	Nil, Black hoof

BODY / WHORLS
Bilateral flank whorls
Bilateral ventral belly whorls
Bilateral pectoral whorls
Right chest whorl
Ventral neck whorl

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

MICROCHIP STICKER

NAME OF VETERINARIAN

Zandra Jayman

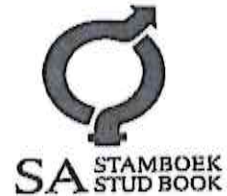
SIGNATURE OF VETERINARIAN

DATE 18/06/2025

PRACTICE STAMP



APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JSP Smith - Juhantha Stalle		
ID number	6203055092058		
Member number	052083		
Address of owner	Juhantha Stalle, Rus. Malmesbury Rd.		
	Postal code	7654	
Telephone	082 441 9926	E-mail	Juhantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Juhantha.	Name	Chapter One	
Registration Number of horse	55420 13460324	BIRTH DATE	23/12/2023	BREED	Saddlebred
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—	
If yes, please supply number of code	—				

VACCINATION DETAILS

Date of two most recent 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

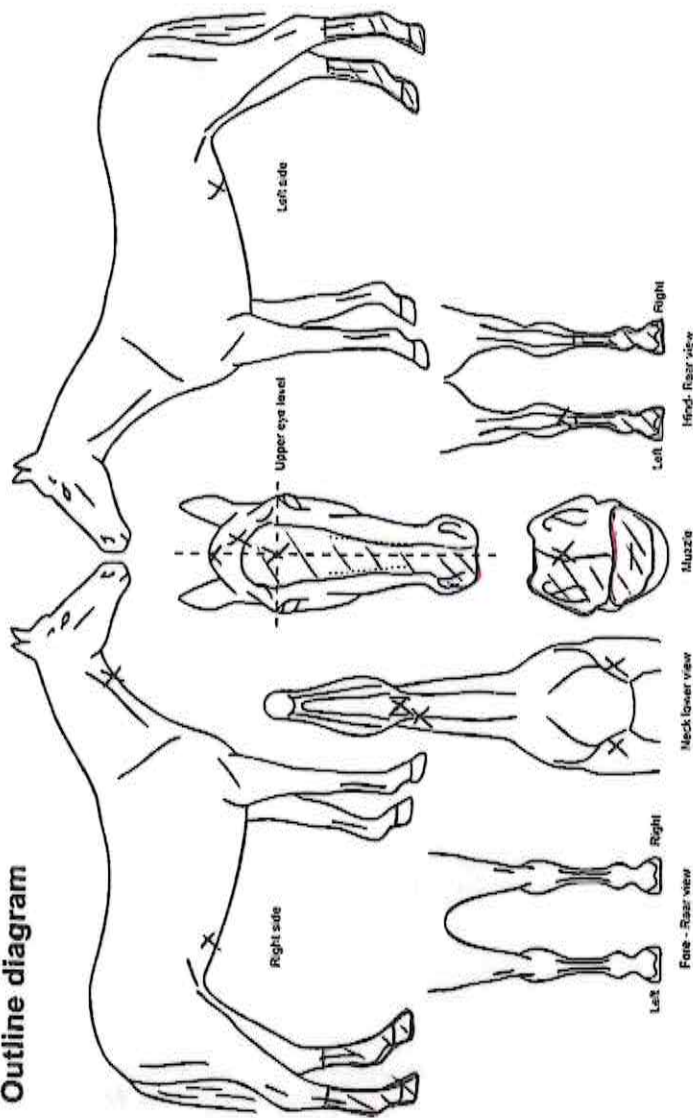
Practice

18/06/2025
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	Chestnut	23/12/2023	Wine Woman and Jong	Outrageous	Juhan Ha Chapter one

Outline diagram



NAME OF VETENARIAN

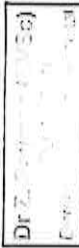
Zandri Snyman

SIGNATURE OF VETENARIAN

[Signature]

DATE 18/06/2025

PRACTICE STAMP



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Large blaze ending in snip including right nostril, fleshmark lower lip. Forelock whorl, whorl above eye level to left, whorl at eye level, muzzle whorl

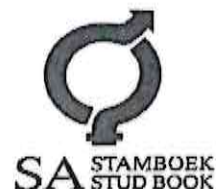
LEFT FORE	Nil, Black hoof
RIGHT FORE	Nil, Black hoof
LEFT HIND	3/4 cannon, white hoof, caudal cannon whorl
RIGHT HIND	3/4 cannon, white hoof

BODY / WHORLS

Right ventral neck whorl
Central ventral neck whorl throat
Bilateral belly whorls
Bilateral pectoral whorls

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JSP Smith - Subantha Stalle		
ID number	6203055092088		
Member number	052083		
Address of owner	Subantha Stalle, R45, Malmesbury Rd.		
	Postal code	7654	
Telephone	062 461 9926	E-mail	Subantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Subantha.	Name	La Vie & Rose ^{SB9809}	
Registration Number of horse	57351 13 460 233	BIRTH DATE	14/12/2023	BREED	Saddlebred.
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—	
If yes, please supply number of code	—				

VACCINATION DETAILS

Date of two most recent 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

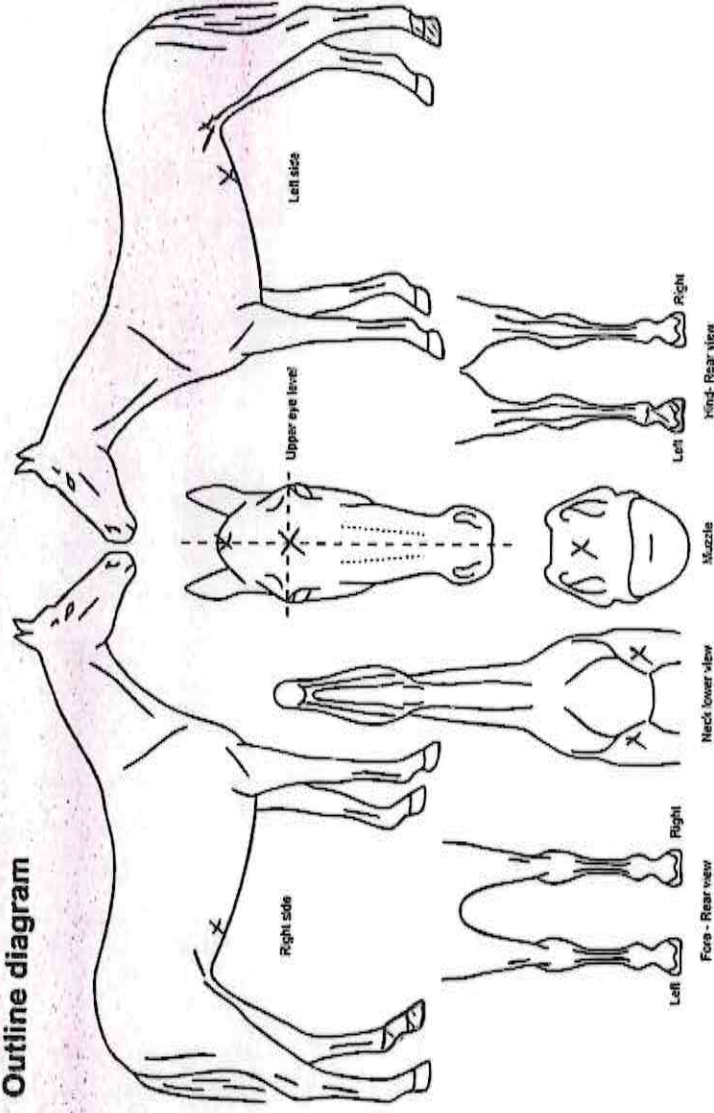
Dr Z. Smith (BVSc)
Practice

18/06/2025
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	JIP Perfect Mix	DAM	The Torch finger	REGISTERED NAME	Juhnthia La Vie & Roy
MALE	Chestnut	14/11/2023					MICROCHIP STICKER	

Outline diagram



NAME OF VETERINARIAN

Zandri Jnyman

[Signature]

SIGNATURE OF VETERINARIAN

DATE 18/06/2025

PRACTICE STAMP

Dr Z. Jnyman (VetSc)
Date: 18/06/2025

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl at eye level, forelock whorl, muzzle whorl

LEFT FORE	Nil, black hoof	BODY / WHORLS
RIGHT FORE	Nil, black hoof	Left Flank whorl
LEFT HIND	white fetlock, white hoof	Bilateral ventral belly whorls
RIGHT HIND	Nil, black hoof	Bilateral pectoral whorls

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JJP Smith - Juhantha Stalle		
ID number	6203055092088		
Member number	052083		
Address of owner	Juhantha Stalle, R45, Malmesbury Rd.		
	Postal code	7654	
Telephone	082 441 9926	E-mail	Juhantha@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Juhantha	Name	Snap's Blue Fire
Registration Number of horse	57370 13460472	BIRTH DATE	08/11/2022	BREED Saddlebred
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—
If yes, please supply number of code	—			

VACCINATION DETAILS

Date of two most recent 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

Practice

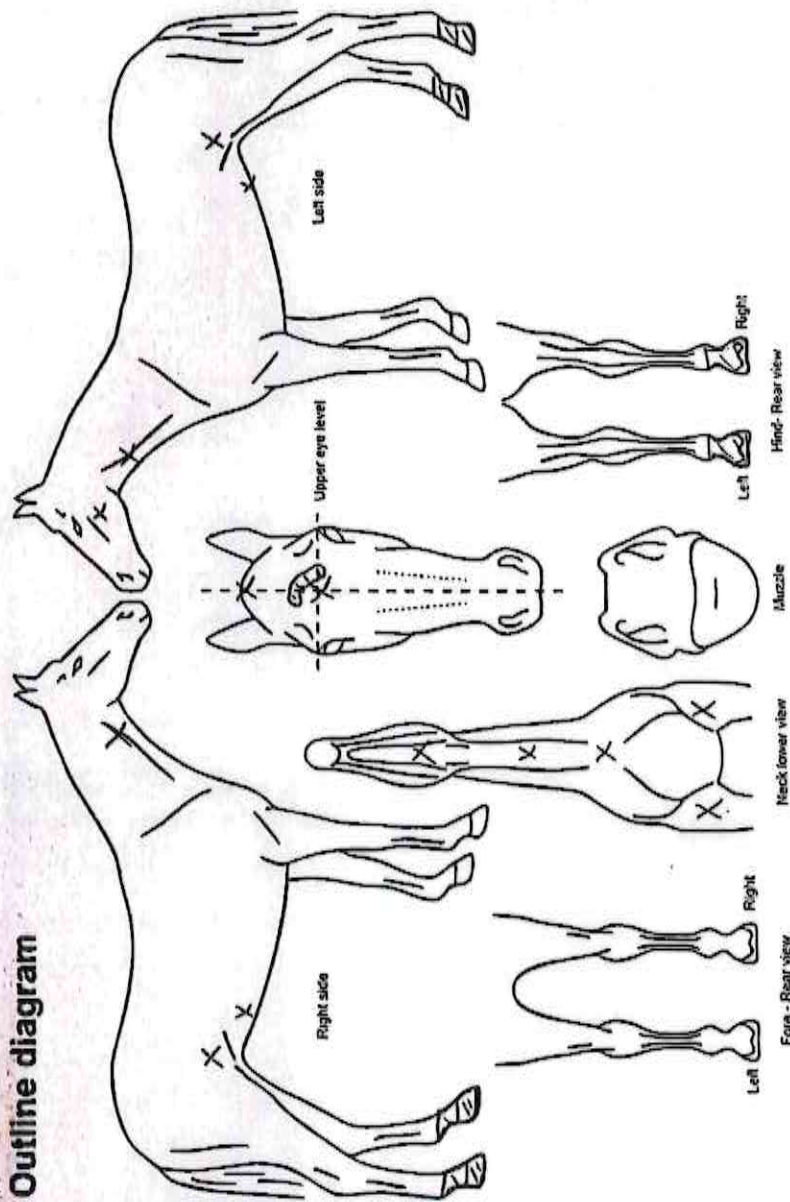
Date

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
mare	chestnut	03/11/2017	and pop	Awelome M, X	Shap'j Blue fire

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Zandri Snyman

SIGNATURE OF VETERINARIAN

[Signature]

DATE 13/06/2025

PRACTICE STAMP

Dr Z Snyman (BVSed) 020472829
WELLINGTON
Dierhospitaal/Animal Hospital

WRITTEN DESCRIPTION OF MARKINGS:

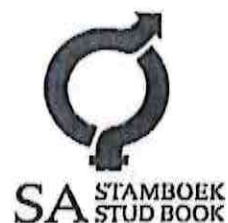
HEAD: Half moon shaped star, whorl at eye level, forelock whorl, left lateral cheek whorl, ventral mandibular whorl

BODY / WHORLS	
Bilateral jugular groove whorls	
Ventral neck whorl	
Chest whorl	
Bilateral lateral whorls	
Bilateral flank whorls	
Bilateral belly whorls	

LEFT FORE	N.I., Black hoof
RIGHT FORE	N.I., Black hoof
LEFT HIND	white fetlock, white hoof
RIGHT HIND	white fetlock, white hoof

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) N.I.

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	SSP Smith - Subantha Stalle		
ID number	6203055092068		
Member number	052083		
Address of owner	Subantha Stalle, 245, Malmesbury Rd.		Postal code
			7654
Telephone	062 441 9926	E-mail	Subantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Subantha	Name	Rebel Rhapsody
Registration Number of horse	SS423 13460266	BIRTH DATE	24/12/2024	BREED
				Saddlebred.
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—
If yes, please supply number of code	—			

VACCINATION DETAILS

Date of two most recent 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.

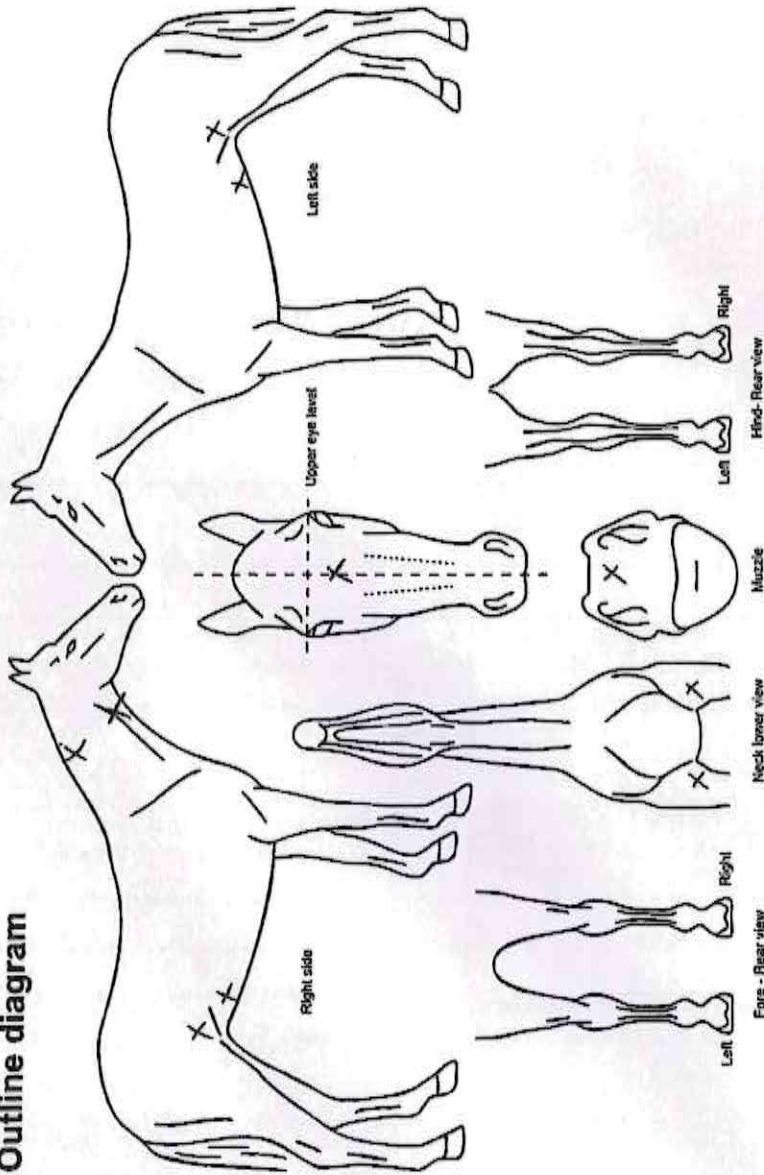
Signature Practice Date

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
Colt	Chermut	24/12/2024	Vine woman	Beyone Chaxe	Tuhantha Webe Khapiscay

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Zandri Snyman

SIGNATURE OF VETERINARIAN

[Signature]

DATE 22/07/25

PRACTICE STAMP

Dr Z. Snyman (BVMSc) DZM12829
WELLINGTON
Dierhospitaal/Animal Hospital

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl below eye level, muzzle whorl

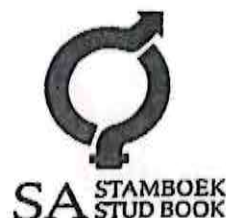
LEFT FORE	N/I, Black hoof
RIGHT FORE	N/I, Black hoof
LEFT HIND	N/I, Black hoof
RIGHT HIND	N/I, Black hoof

BODY / WHORLS

Bilateral Flank whorls
Bilateral ventral belly whorls
Bilateral pectoral whorls
Right neck crest whorl
Right Jugular whorl

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) N/I

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JSP Smith - Juhantha Stalle		
ID number	6203055092088		
Member number	052083		
Address of owner	Juhantha Stalle, Rus, Malmesbury Rd		
	Postal code	7654	
Telephone	082 441 9926	E-mail	Juhantha@gmail.com
Fax	-		

HORSE DETAILS

Name of horse	Prefix	Juhantha	Name	Notebook
Registration Number of horse	57353 13460241	BIRTH DATE	25/10/2024	BREED Saddlebred
RF ID Implant / Micro Chip Number	Yes / No	-	Type of implant	-
If yes, please supply number of code	-			

VACCINATION DETAILS

Date of two most recent 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

Practice

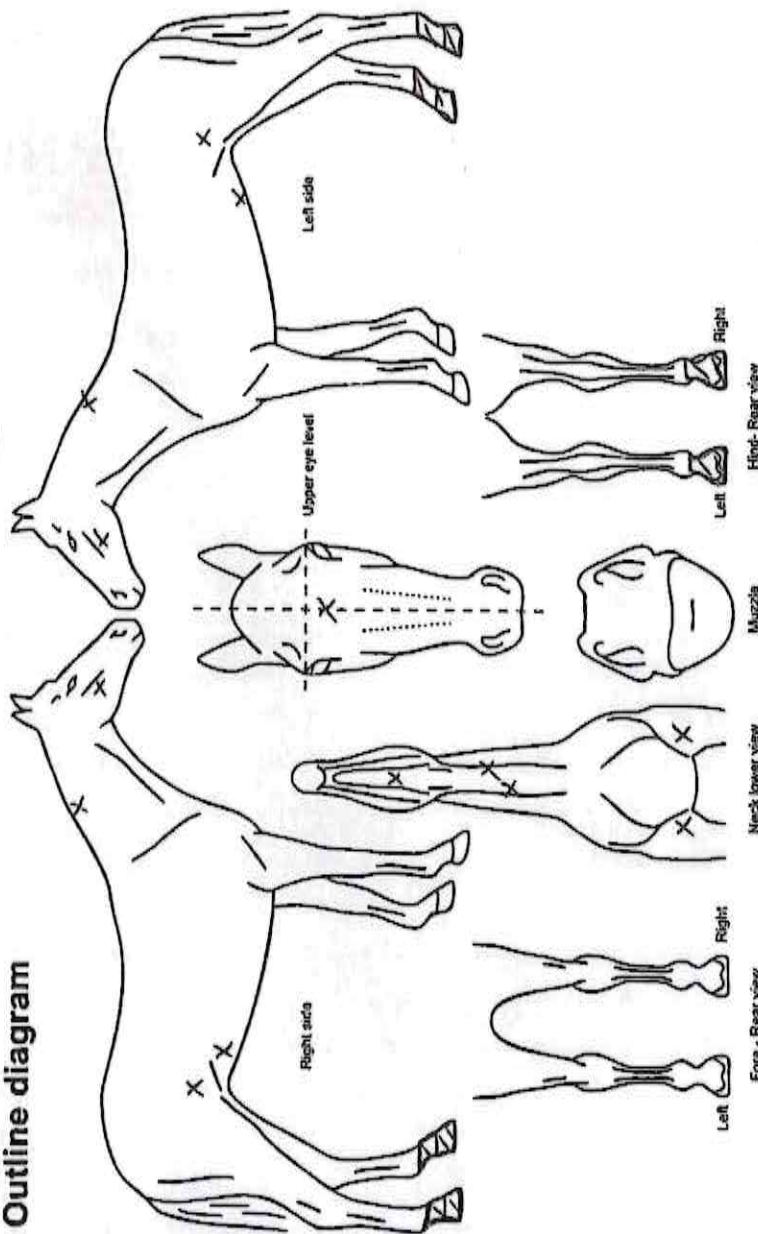
Date

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
Mare	Chestnut	25/10/2024	Wine woman	DAM Noteworthy	Juanita's NCR block

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Zandra Smyman

SIGNATURE OF VETERINARIAN

DATE 22/07/25

PRACTICE STAMP

Dr Z. Smyman (BVSc) D2012329
WELLINGTON

WRITTEN DESCRIPTION OF MARKINGS:

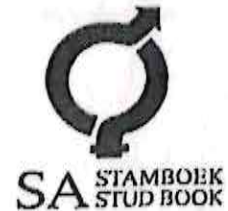
HEAD: Whorl Below eye level, central ventral mandibular whorl, Bilateral lateral cheek whorls

LEFT FORE	Nil, Black hoof
RIGHT FORE	Nil, Black hoof
LEFT HIND	White fetlock, white hoof
RIGHT HIND	White fetlock, white hoof

BODY / WHORLS
Bilateral lateral neck whorls
Bilateral flank whorls
Bilateral belly whorls
Bilateral occal whorls
Two ventral neck whorls

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	JSP Smith - Juhantha Stalle		
ID number	6203055092068		
Member number	052083		
Address of owner	Juhantha Stalle, PLS, Malmesbury Rd		Postal code
			7654
Telephone	082 441 9926	E-mail	Juhantha@gmail.com
Fax	—		

HORSE DETAILS

Name of horse	Prefix	Juhantha.	Name	SB9813 JSP's Magnifico	
Registration Number of horse	SS421 13460308	BIRTH DATE	29/04/2005	BREED	Saddlebred.
RF ID Implant / Micro Chip Number	Yes / No	—	Type of implant	—	
If yes, please supply number of code	—				

VACCINATION DETAILS

Date of two most recent 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.

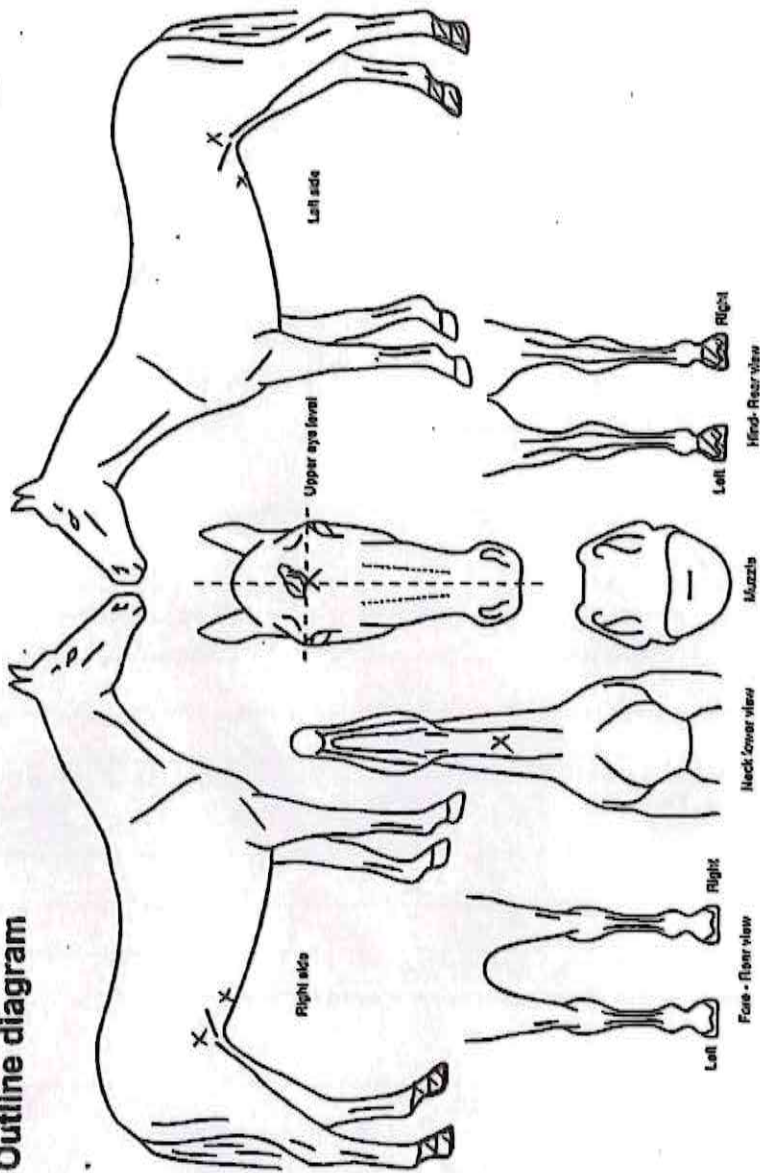
Signature Practice Date

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	SSP	Perfect	DAM	REGISTERED NAME
Colt	Chestnut	29/04/25			Mix	The Torch Singer	Juhantba JJ's Magnifico

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Zandri Soyman

SIGNATURE OF VETERINARIAN

[Signature]

DATE 22/07/25

PRACTICE STAMP

Dr Z. Soyman (BVSc) 020112829
WELLINGTON
Dierchospitaal/Animal Hospital

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Star, Whorl at eye level

LEFT FORE	Nil, Black hoof
RIGHT FORE	Nil, Black hoof
LEFT HIND	White pastern, white hoof
RIGHT HIND	White pastern, white hoof

BODY / WHORLS

ventral neck whorls
Bilateral flank whorls
Bilateral ventral belly whorls

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Nil