

REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2

INSTRUCTIONS: the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

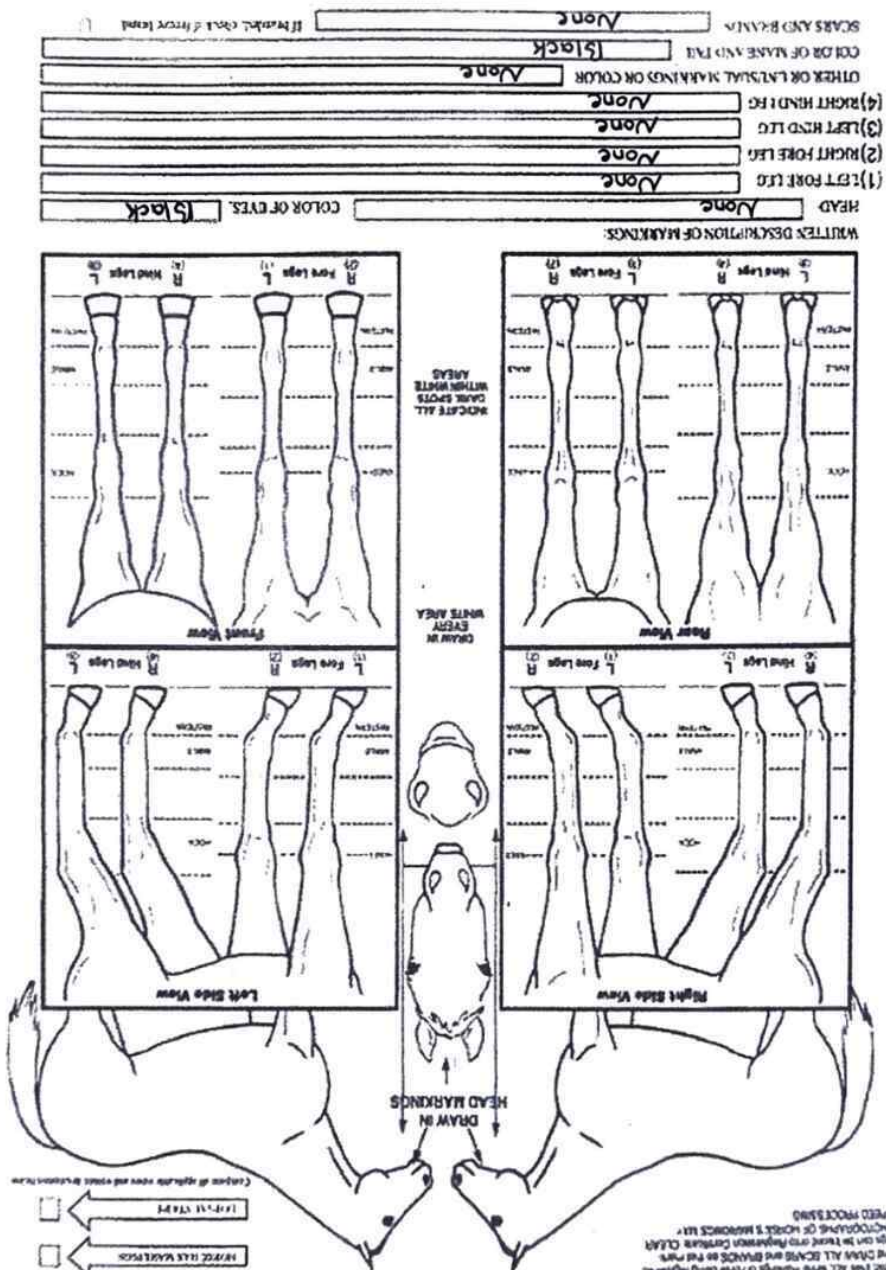
(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	2	() Mare	() Gelding	() Spayed mare														
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (Final choice)		Gunnab A Rockstar																
<table border="1"> <tr> <td colspan="3">DATE</td> <td>(6) BIRTH STATUS</td> <td colspan="3">NAME (Second Choice)</td> </tr> <tr> <td>D</td> <td>M</td> <td>Y</td> <td>Single = 1 Twin = 2</td> <td colspan="3"></td> </tr> </table>		DATE			(6) BIRTH STATUS	NAME (Second Choice)			D	M	Y	Single = 1 Twin = 2				1				
DATE			(6) BIRTH STATUS	NAME (Second Choice)																
D	M	Y	Single = 1 Twin = 2																	
(5) SERVICE CODE	15	01	23	(6) OFFICE USE																
Natural = 1				(6) Section of headbook																
			(9) Subsection of headbook	BREEDER: (owner of dam at time of service.)																
Artificial Insemination = 2			Anri Roux																	
Embryo Transfer = 3			(11 a) DO																	
(10) FOALING DATE			03	01	26	(11 b) NUMBER														
(12) SIRE NAME: Blue Sky Double's Kryptonite			(13) REGISTRATION NUMBER: 13291760																	
OWNER OF SIRE: Anri Roux			TOWN & PROVINCE: Bothaville, FS																	
(14) DAM NAME: Blue Sky Gunna's Bluebell			(15) REGISTRATION NUMBER:																	
OWNER OF DAM: Anri Roux			TOWN & PROVINCE: Bothaville, FS																	
(16) SASBA BREEDER NO.:			(17) REGISTRATION DATE:																	
(26) COLOUR MARKINGS (CHECK ONE)			As recorded owner of the dam at the time this horse was foaled (for authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.*																	
() SOBBEL			() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	(X) CHESTNUT												
() BUCKSKIN			() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO													
THIS IS TO CERTIFY			(Station's name)			Reg. No.														
WAS BREED TO			(Mare served)			Reg. No.														
ON (first dates mare was by Date's			Year			Signature:														
Signature (owner of station):			Mem. No.			Postal address: 23 Botho Street, Bothaville														
Signature (owner of mare):			Mem. No.			9660, FS														

NB: Complete marking diagrams and blanks.

Tel No. 087 578 5690

changes on a table of found and often repeat the greatest the diagnosis. On diagnosis before, our first with that. I told him all with managers of firms being registered and drove all across and showed us the way. I can be found on my computer. Contact us. Call us. Inverted procedure.

☐ 1975-1980
☐ 1981-1985
☐ 1986-1990



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P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2 the foal and must have current membership in order to register.

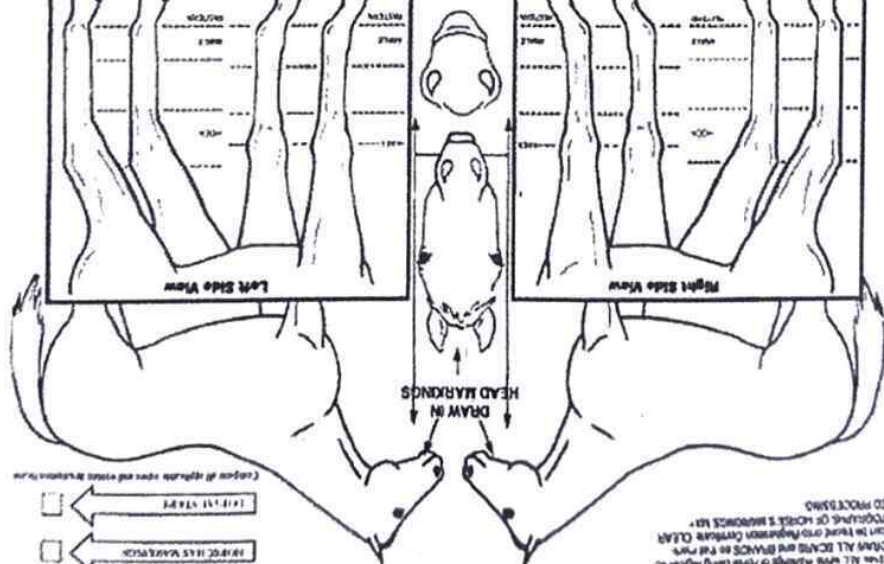
INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (First choice) Queen of Hearts					
DATE		(6) BIRTH STATUS	NAME (Second Choice)				
D	M	Y	Single = 1 Twin = 2				
		(8) OFFICE USE					
		(8) Section of					
		(9) Subsection of					
		(9) herdbook					
		(9) dam at time of service.)	Anri Roux				
		(11 a) DO					
		(11 b) NUMBER					
		(12) SIRE NAME: Rossmeier Wella Wella					
		(12) OWNER OF SIRE: Anri Roux					
		SACHA MEM NO.: 0714029					
		TOWN & PROVINCE: Botkaville, FS					
		(13) REGISTRATION NUMBER: 12966263					
		(14) DAM NAME: Pumi Tokers's Alize					
		(14) OWNER OF DAM: Anri Roux					
		SACHA MEM NO.: 0714029					
		TOWN & PROVINCE: Botkaville, FS					
		(15) REGISTRATION NUMBER: 12937970					
		(16) SASBA BREEDER NO.:					
		(17) REGISTRATION DATE:					
(26) COLOUR MARKINGS (CHECK ONE)							
() SOREL		() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	() CHESTNUT
() BUCKSKIN		() BROWN	() RED DUN	(X) DUN	() BLUE ROAN	() GRULLO	
BREEDER'S CERTIFICATE : (to be completed if the sire and dam where not owned by the same entity at the time of service or dam at time of foaling.)							
THIS IS TO CERTIFY:		(Stallion's name)	Reg No.				
WAS BREED TO		(Mare served)	Reg No.				
ON (last dates mare was by Date/s			Year				
Signature (owner of stallion):		Mem. No.		Postal address: 73 Bellha Street, Botkaville			
Signature (owner of mare):		Mem. No.		9660, FS Tel. No. 072 578 3698			

NB: Complete marking diagrams and blanks.

Identifications on a label of brand and other marks the applicant has designed for the label, OUTLINE with the label and draw ALL designs and symbols to be filled with color. You can request color photographs. Complete OUTLINE and PROCESSING fee.

☐ **RESEARCH**
☐ **TECHNOLOGY**
☐ **SCIENCE**



HEAD MARKINGS

COULD BE
EVERY
WANTS AREA

NO CARP AT ALL
DARK SPOTS
ALTHOUGH WHITE
AREAS

WRITTEN DESCRIPTION OF MARKINGS:

HPAD / None

None (1) (b) (7) (F)

APR 20 1964

None (c) (1) (b) (1) (c)

None (9) ROBERT HIND LTD.

OTHER OR ENVIRONMENTAL MARKINGS OR CLOTH

DECLARATION OF INTEREST

JOHN A. DILLON

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15/05/

None

[illegible]

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(b) (5) DPP, (c) (1), (d) (1), (e) (1)

ॐ नमो भगवते वासुदेवाय

$$|h_1(\dots)| \leq |h_2(\dots)| \leq |h_3(\dots)| \leq |h_4(\dots)|$$

DATE	2000			
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W. H. Greenleaf & Co., 100 N. 3rd St., St. Paul, Minn.

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THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
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INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (First choice)		Ganna's Bluebell			
DATE D M Y		(9) BIRTH STATUS Single = 1 Twin = 2	NAME (Second Choice)				
(5) SERVICE CODE Natural = 1 Artificial Insemination = 2	29 01 18	(8) OFFICE USE (8) Section of handbook	IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT				
Embryo Transfer = 3	25 01 19	(9) Subsection of handbook	BREEDER: (owner of dam at time of service.) Anri Roux				
(10) FOALING DATE	25 01 19	(11 a) DO	TOWN & PROVINCE: Bothaville, FS				
(12) SIRE NAME: OWNER OF SIRE: (at time of service)	Topcail Gun Anri Roux	SAGHA MEM NO. : 0714029	TOWN & PROVINCE: Bothaville, FS		(13) REGISTRATION NUMBER: 12924241		
(14) DAM NAME: OWNER OF DAM: (at time of foaling)	Bar Babyface Anri Roux	SAGHA MEM NO. : 0714029	TOWN & PROVINCE: Bothaville, FS		(15) REGISTRATION NUMBER: 12660735		
(16) SASSA BREEDER NO. :		(17) REGISTRATION DATE :					
(26) COLOUR MARKINGS (CHECK ONE)							
() SCORREL	() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	(X) CHESTNUT	
() BUCKSKIN	() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO		
BREEDER'S CERTIFICATE : (to be completed if the sire and dam were not owned by the same entity at the time of service or dam at time of foaling.)							
THIS IS TO CERTIFY		(Stallion's name)		Reg No.			
WAS BRED TO		(Mare served)		Reg No.			
ON (List dates mare was by Dates)				Year			
Signature (owner of stallion) :				Mem. No.			
Signature (owner of mare) :				Mem. No.			
NB: Complete marking diagrams and blanks.				Bothaville, 9660 FS Tel. No. 082 578 5690			

As recorded owner of the dam at the time this horse was foaled (or authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.

Signature:

[Signature]

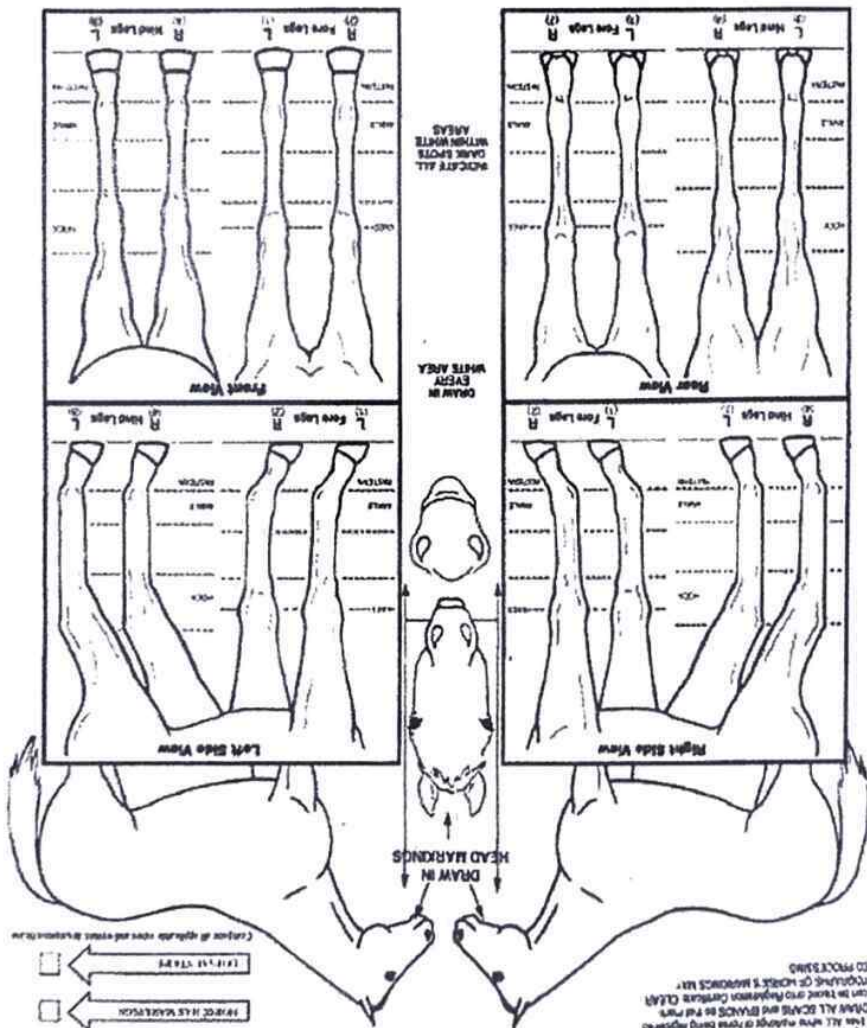
Postal address: **23 Botha Street**

Bothaville, 9660 FS

Tel. No. **082 578 5690**

identifying an action of fraud and then must be proven by disproof. On disproof by law, OJULM will take and leave all, without making or leaving anything and change all accounts and branches as per law. This can be taken into consideration. Certainly, OJULM is not concerned with the law's provisions but is.

☐ 1. What is the main purpose of the text?
☐ 2. What is the author's attitude towards the topic?
☐ 3. What is the main argument of the text?



WRITTEN DESCRIPTION OF FINDINGS:

HEAD	None		
(1) LEFT FORE LEG	None		
(2) RIGHT FORE LEG	None		
(3) LEFT HIND LEG	None		
(4) RIGHT HIND LEG	None		
OTHER OR LATENT MARKING OR COLOR	None		
COLOR OF MANE AND TAIL	Black		
SCARS AND BRANDS	None		

If handle, state if front hand ()

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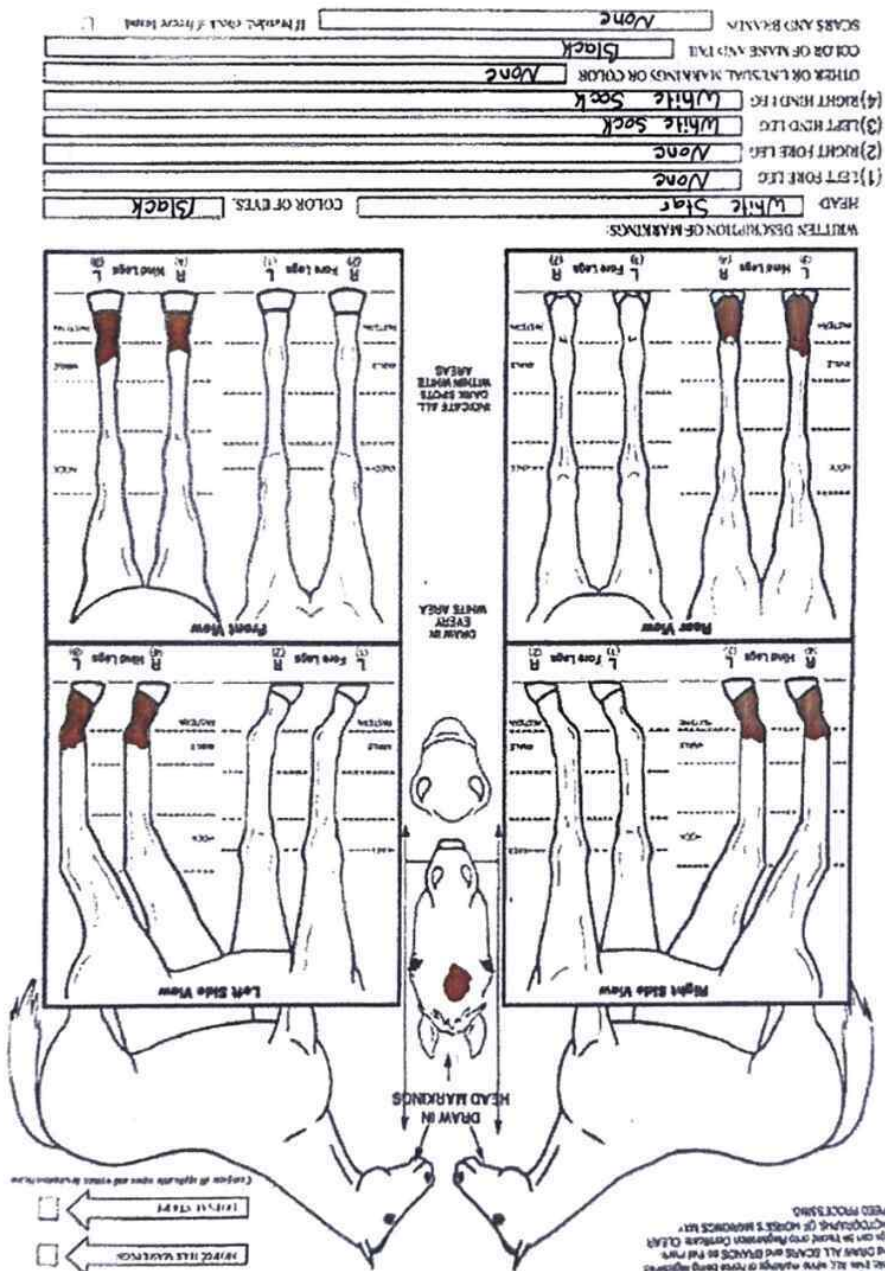
INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	1	() Stallion	(X) Mare	() Gelding	() Spayed mare											
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (first choice)		Savage Cat															
<table border="1"> <tr> <th colspan="3">DATE</th> <th>(6) BIRTH STATUS</th> <th colspan="2">NAME (Second Choice)</th> </tr> <tr> <td>D</td> <td>M</td> <td>Y</td> <td>Single = 1 Twin = 2</td> <td colspan="2"></td> </tr> </table>		DATE			(6) BIRTH STATUS	NAME (Second Choice)		D	M	Y	Single = 1 Twin = 2								
DATE			(6) BIRTH STATUS	NAME (Second Choice)															
D	M	Y	Single = 1 Twin = 2																
(5) SERVICE CODE 17 12 23		(8) Section of herdbook		IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT															
Natural = 1		(9) Subsection of herdbook		BREEDER: (owner of dam at time of service)		Anri Roux													
Artificial insemination = 2		(11 a) DO		TOWN & PROVINCE:		Bothaville, FS													
Embryo Transfer = 3		(11 b) NUMBER		(13) REGISTRATION NUMBER: 12940987		TICK IF thoroughbred													
(10) FOALING DATE 22 11 24				(12) SIRE NAME: Light American															
(12) SIRE NAME: Anri Roux		SAQA MEM NO.: 0714029		TOWN & PROVINCE: Bothaville, FS															
(14) DAM NAME: Calorele Light Lync		(15) REGISTRATION NUMBER: 13231402		(17) REGISTRATION DATE:															
(16) SASSA BREEDER NO.:		TOWN & PROVINCE: Bothaville, FS		(21) PREFIX INDICATOR		(22) LIVE													
(28) COLOUR MARKINGS (CHECK ONE)		() BLACK		() PALOMINO		() BAY													
() BUCKSKIN		() BROWN		() RED DUN		() DUN													
		() RED ROAN		(X) GRAY		() CHESTNUT													
		() BLUE ROAN		() GRULLO															
BREEDER'S CERTIFICATE : (to be completed if the sire and dam where not owned by the same entity at the time of service or dam at time of foaling)																			
THIS IS TO CERTIFY		(Station's name)		Reg No.		Year													
WAS BRED TO		(Mare served)		Reg No.		Year													
ON (list dates mare was bled)		Date/s		Signature:															
Signature (owner of stallion) :		Mem. No.		Postal address:		9660, FS													
Signature (owner of mare) :		Mem. No.		Tel No. 082 578 2600															

NB: Complete marking diagrams and blanks.

SALES

☐ **1. 1945-1948**
☐ **1949-1954**
☐ **1955-1960**



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(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (First choice)		Lillian																											
<table border="1"> <tr> <td colspan="3">DATE</td> <td>(6) BIRTH STATUS</td> <td colspan="4">NAME (Second Choice)</td> </tr> <tr> <td>D</td> <td>M</td> <td>Y</td> <td>Single = 1 Twin = 2</td> <td colspan="4"></td> </tr> <tr> <td>29</td> <td>08</td> <td>23</td> <td></td> <td colspan="4"></td> </tr> </table>		DATE			(6) BIRTH STATUS	NAME (Second Choice)				D	M	Y	Single = 1 Twin = 2					29	08	23						(8) Section of headbook		IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT			
DATE			(6) BIRTH STATUS	NAME (Second Choice)																											
D	M	Y	Single = 1 Twin = 2																												
29	08	23																													
(5) SERVICE CODE		(9) Subsection of headbook		(10) BREDER: (owner of dam at time of service.)		0714029																									
Artificial insemination = 2				Anri Roux		SACHA MEM. NO.																									
Embryo Transfer = 3		(11 a) DO																													
(10) FOALING DATE		19 08 24		(11 b) NUMBER																											
(12) SIRE NAME: Blue Sky Mushroom				(13) REGISTRATION NUMBER: 13392998																											
(12) SIRE NAME: Anri Roux				(13) REGISTRATION NUMBER: 12784690																											
(14) DAM NAME: Rossmere Sabalina's Queen				(15) REGISTRATION NUMBER: 12784690																											
(16) OWNER OF DAM: Anri Roux				(16) TOWN & PROVINCE: Bothaville, FS																											
(17) SASSBA BREEDER NO.:				(17) REGISTRATION DATE:																											
(26) COLOUR MARKINGS (CHECK ONE)				(21) PREFIX INDICATOR		(22) LIVE/NOT LIVE																									
() SORREL		(X) PALOMINO		() BAY		() RED ROAN																									
() BLACK		() BAY		() RED ROAN		() GRAY																									
() BUCKSKIN		() BROWN		() DUN		() BLUE ROAN																									
() GRULLO		() GRULLO		() GRULLO		() GRULLO																									
BREEDER'S CERTIFICATE: (to be completed if the sire and dam were not owned by the same entity at the time of service or dam at time of foaling.)				(18) TOWN & PROVINCE: Bothaville, FS																											
THIS IS TO CERTIFY:		(Stallion's name)		Reg. No.																											
WAS BRED TO		(Mare served)		Reg. No.																											
ON (first date mare was b. Date/s)				Year																											
Signature (owner of stallion):				Mem. No.																											
Signature (owner of mare):				Mem. No.																											
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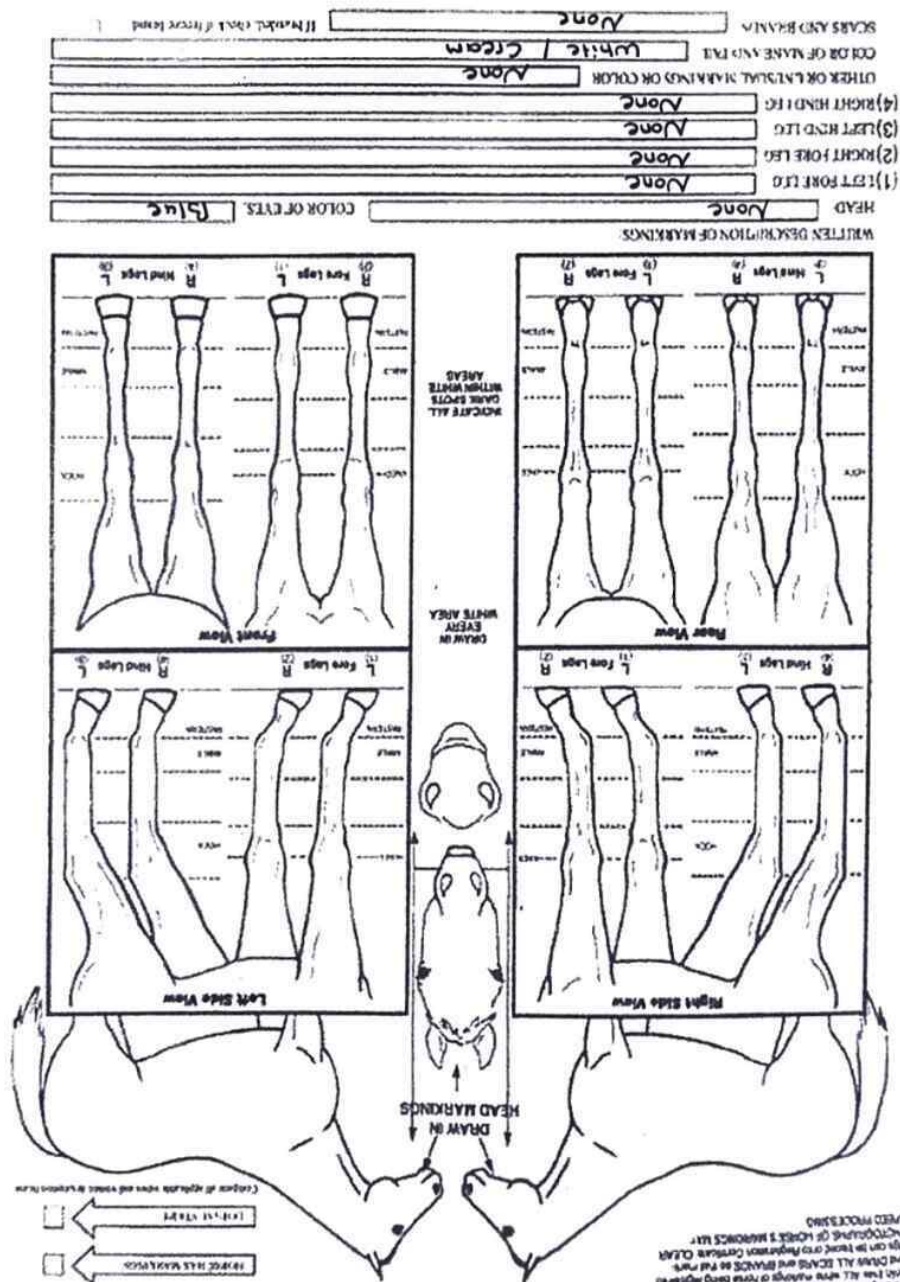
NB: Complete marking diagrams and blanks.

9660, FS

Tel. No. 086 578 5690

1. **Identification of the subject** and the **subject's** **name** and **address** must be given.

☐ **1. What is the main purpose of the study?**
☐ **2. What are the research objectives?**
☐ **3. What are the research questions?**



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(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (First choice) Secelle Song Bird					
DATE		(6) BIRTH STATUS	NAME (Second Choice)				
D	M	Y					
29	01	23					
(5) SERVICE CODE		(8) OFFICE USE	IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT				
Natural = 1		(8) Section of handbook	BREEDER: (owner of dam at time of service.) Anri Roux				
Artificial insemination = 2		(9) Subsection of handbook	SAQA MEM. NO. 0714029				
Embryo Transfer = 3		(11 a) DO	TOWN & PROVINCE: Bothaville, FS				
(10) FOALING DATE		(11 b) NUMBER					
25		01					
24							
(12) SIRE NAME: Blue Sky Double's KeyStone		SAQA MEM NO.: 0714029		TOWN & PROVINCE: Bothaville, FS		(13) REGISTRATION NUMBER: 13291760	
(12) SIRE NAME: Anri Roux		SAQA MEM NO.: 0714029		TOWN & PROVINCE: Bothaville, FS		(13) REGISTRATION NUMBER: 13291760	
(14) DAM NAME: Blue Sky Punnet Emma		SAQA MEM NO.: 0714029		TOWN & PROVINCE: Bothaville, FS		(13) REGISTRATION NUMBER: 13291760	
(14) DAM NAME: Anri Roux		SAQA MEM NO.: 0714029		TOWN & PROVINCE: Bothaville, FS		(13) REGISTRATION NUMBER: 13291760	
(15) SASBA BREEDER NO.:		(17) REGISTRATION DATE:		(27) PREFIX INDICATOR			
(26) COLOUR MARKINGS (CHECK ONE)		(17) REGISTRATION DATE:		(27) PREFIX INDICATOR			
() SOREL		() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	(X) CHESTNUT
() BUCKSKIN		() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO	
BREEDER'S CERTIFICATE : (to be completed if the sire and dam where not owned by the same entity at the time of service or dam at time of foaling.)							
THIS IS TO CERTIFY		(Stallion's name)		Reg No.			
WAS BREED TO		(Mare served)		Reg No.			
ON (Ear dates must was b		Date/s		Year			
Signature (owner of stallion) :		Mem. No.		Postal address: 23 Botha Street, Bothaville			
Signature (owner of mare) :		Mem. No.		9660, FS			
		Mem. No.		Tel No. 082 578 5690			

NB: Complete marking diagrams and blanks.

HEAD White Faint Spot COLOR OF EYES Black

(1) LEFT FORE LEG None

(2) RIGHT FORE LEG None

(3) LEFT HIND LEG White Sock

(4) RIGHT HIND LEG None

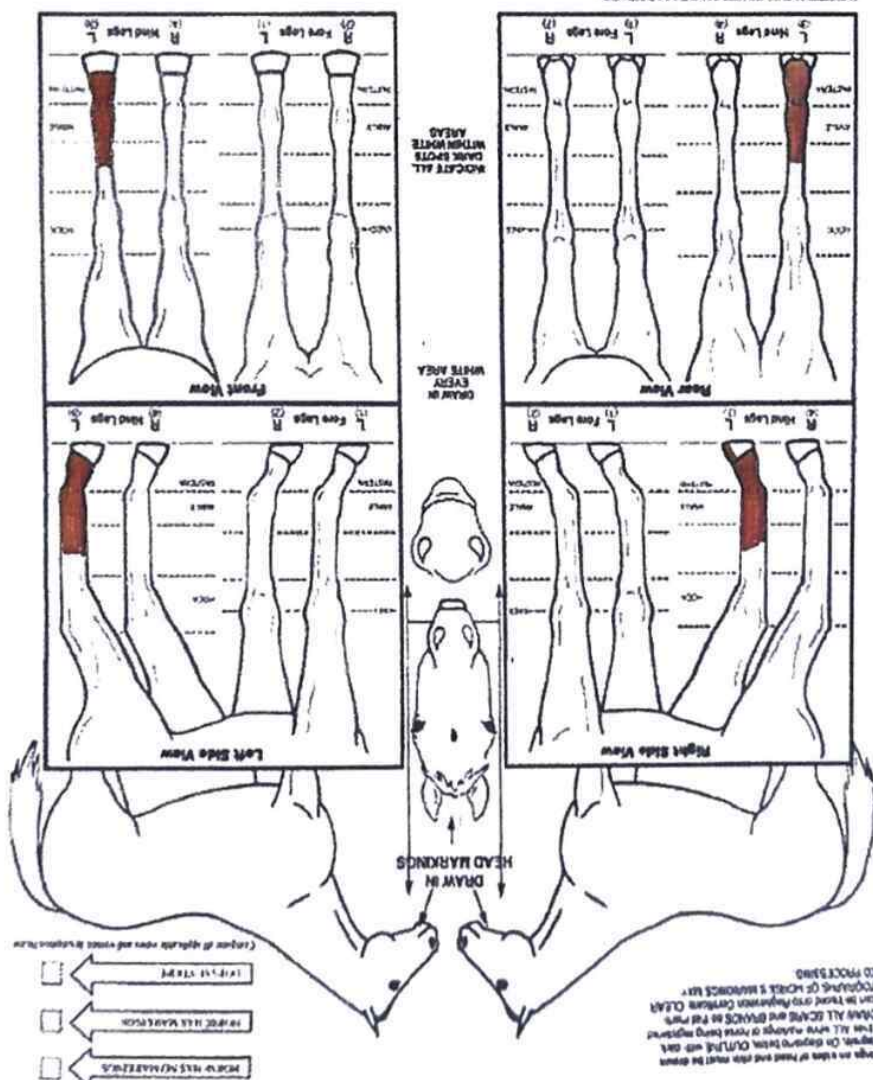
OTHER OR LATEAL MARKING OR COLOR None

COLOR OF MANE AND TAIL Chesnut

SCARS AND BURNS None

If marked, color of liver brand

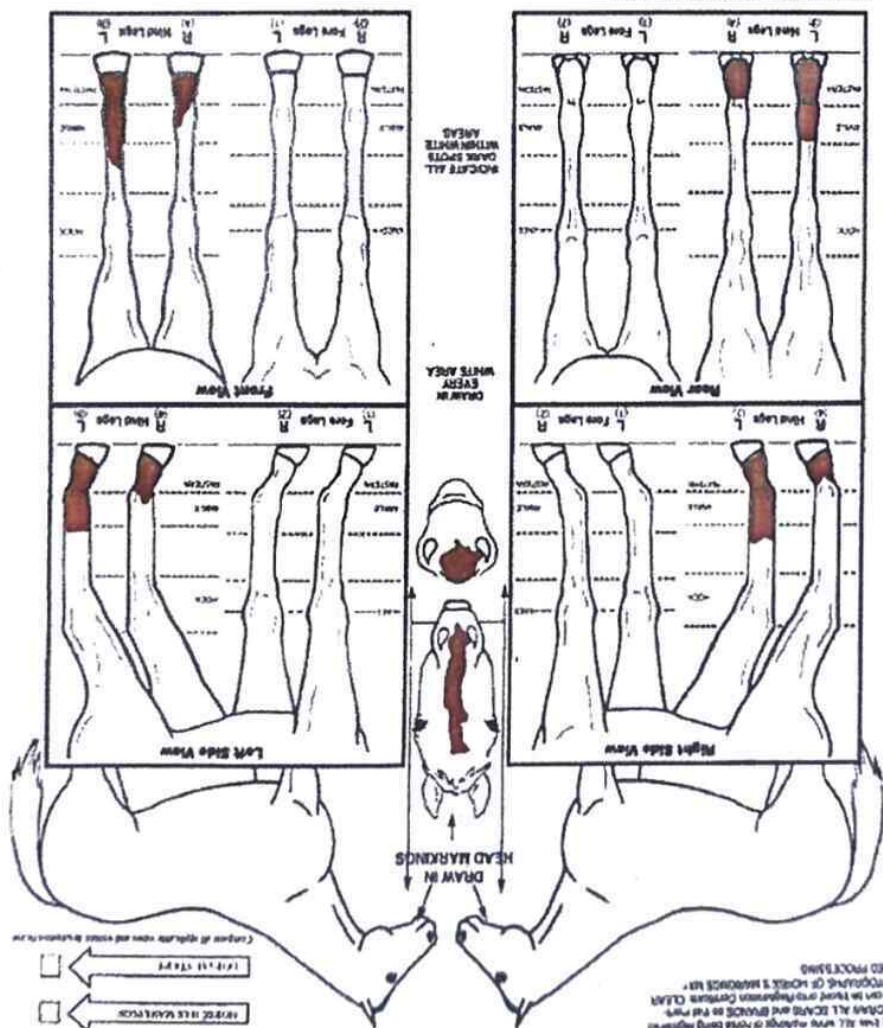
WRITTEN DESCRIPTION OF MARKINGS



INSTRUCTIONS: The recorded owner at time

of foaling is responsible for registration of the foal and must have current membership

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX:		Blue Sky		(4.5) NAME (First choice)		Silver Lining	
	DATE	(6) BIRTH STATUS	1	NAME (Second Choice)			
	D M Y	Single = 1 Twin = 2					
(5) SERVICE CODE	01 02 24	(8) Section of handbook		IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT			
Natural = 1		(9) Subsection of handbook		BREEDER: (owner of dam at time of service.)			
Artificial insemination = 2				Anri Roux			
Embryo Transfer = 3		(11 a) DO		TOWN & PROVINCE: Bothaville, FS			
(10) FOALING DATE	07 01 25	(11 b) NUMBER		TOWN & PROVINCE: Bothaville, FS			
(12) SIRE NAME:	Light Americat	(13) REGISTRATION NUMBER:	12940987	TICK IF thoroughbred			
OWNER OF SIRE:	Anri Roux	SACHA MEM. NO.:	0714029	TOWN & PROVINCE: Bothaville, FS			
(at time of service)							
(14) DAM NAME:	Calcrete Silver Waltz	(15) REGISTRATION NUMBER:	12785846	TICK IF thoroughbred			
OWNER OF DAM:	Anri Roux	SACHA MEM. NO.:	0714029	TOWN & PROVINCE: Bothaville, FS			
(at time of foaling)							
(15) SASSA BREEDER NO.:		(17) REGISTRATION DATE:		(21) PREFIX INDICATOR			
				(22) LIVE/NOT LIVE			
(26) COLOUR MARKINGS (CHECK ONE)							
() SOREL	() BLACK	(X) PALOMINO	() BAY	() RED ROAN	() GRAY	() CHESTNUT	
() BUCKSKIN	() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO		
BREEDER'S CERTIFICATE: (to be completed if the sire and dam where not owned by the same entity at the time of service or dam at time of foaling.)				As recorded owner of the dam at the time this horse was foaled (or authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.			
THIS IS TO CERTIFY		(Stallion's name)	Reg. No.				
WAS BREED TO		(Mare served)	Reg. No.				
ON (set dates mare was bled)		Date/s	Year	Signature:			
Signature (owner of station):		Mem. No.	Year	Postal address: 23 Botha Street			
Signature (owner of mare):		Mem. No.	Year	Bothaville, 9660, FS			
				Tel. No. 082 576 5600			

[illegible][illegible]

WRITTEN DESCRIPTION OF FINDINGS:

HEAD	White	Black	COLOR OF EYES	Black
(1) LEFT FORE LEG	None			
(2) RIGHT FORE LEG	None			
(3) LEFT HIND LEG	White	Black		
(4) RIGHT HIND LEG	Partial	Black		
OTHER OR UNUSUAL MARKING OR COLOR	None			
COLOR OF MANE AND TAIL	White			
SCARS AND BRANDS	None			

REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2

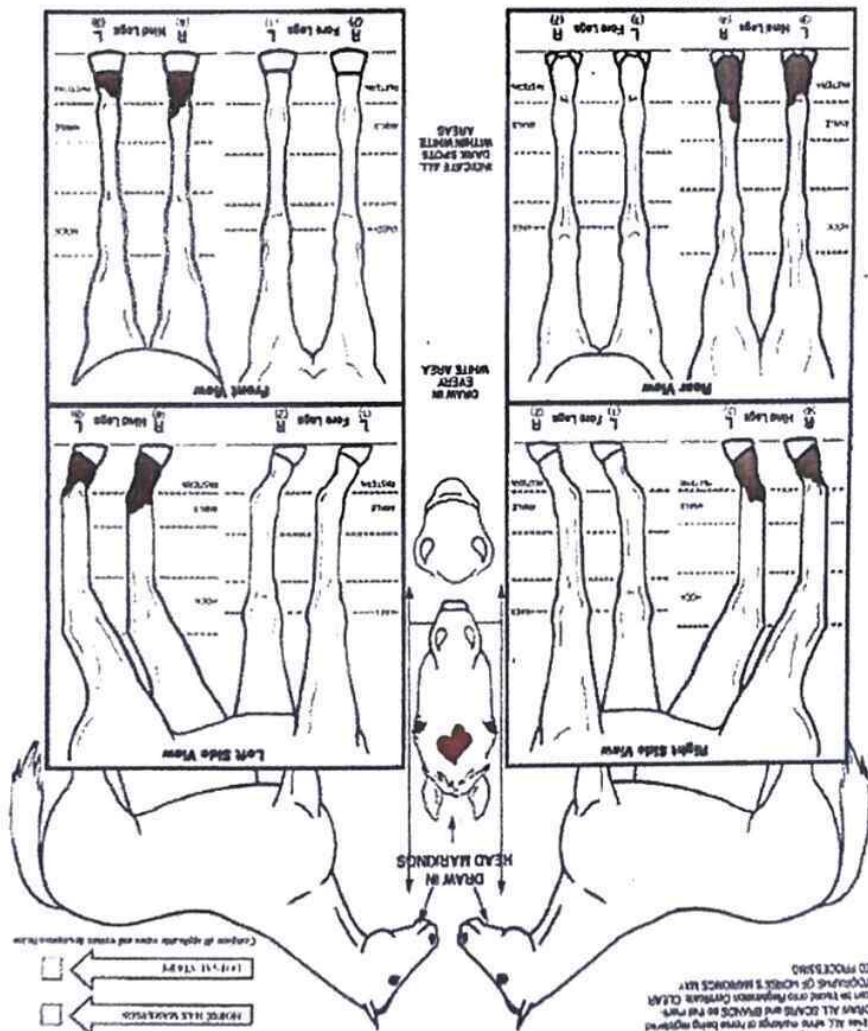
INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

(1) CODE 6101		(2) BREED CODE 367		(3) SEX (Female = 1, Male = 2)		1		() Station		(X) Mare		() Gelding		() Spayed mare	
(4) BREEDER'S PREFIX:				Blue Sky				(4.5) NAME (First choice)				Grand Theft Auto			
		DATE		(6) BIRTH STATUS		1		NAME (Second Choice)							
		D	M	Y	Single = 1 Twin = 2										
(5) SERVICE CODE		20 01 23		(8) Section of headbook				IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT							
Natural = 1				(9) Subsection of headbook				BREEDER: (owner of dam at time of service.)		Anri Roux		0714029			
Artificial Insemination = 2				(11 a) DO				TOWN & PROVINCE :		Bothaville, FS		SAGHA MEM. NO.			
Embryo Transfer = 3				(11 b) NUMBER				TOWN & PROVINCE :		Bothaville, FS					
(10) FOALING DATE		23 12 24		(13) REGISTRATION NUMBER:		12940987		TOWN & PROVINCE :		Bothaville, FS					
(12) SIRE NAME:		Light America		(15) REGISTRATION NUMBER:		12329033		TOWN & PROVINCE :		Bothaville, FS					
(14) DAM NAME:		Bronco Spar Bar		(17) REGISTRATION DATE :				TOWN & PROVINCE :		Bothaville, FS					
OWNER OF DAM :		Anri Roux		(21) PREFIX				TICK if							
(16) SASBA BREEDER NO. :				(22) LIVE/NOT LIVE											
(26) COLOUR MARKINGS (CHECK ONE)															
() SORREL		() BLACK		() PALOMINO		() BAY		() RED ROAN		() GRAY		(X) CHESTNUT		As recorded owner of the dam at the time this horse was foaled (or authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.	
() BUCKSKIN		() BROWN		() RED DUN		() DUN		() BLUE ROAN		() GRULLO					
BREEDER'S CERTIFICATE : (to be completed if the sire and dam were not owned by the same party at the time of service or dam at time of foaling.)															
THIS IS TO CERTIFY (Stallion's name)															
WAS BRED TO (Mare served)															
ON (set dates mare was b) Date/s															
Signature (owner of stallion) :															
Signature (owner of mare) :															
Mem. No.															
Postal address: 73 Botha Street															
Bothaville, 9660, FS															
Tel. No. 082 578 5690															

NB: Complete marking diagrams and blanks.

Manufacture on a scale of 100,000 and other must be done as directed. On delivery before 01/01/91 with 100,000 and above, all other matters of terms being registered and shown all scores and brands as per unit. This can be found on registration. Certain other procedures of most's towards may

☐ **1** **THE** **WORLD** **IS** **CHANGING** **FAST** **AND** **WE** **NEED** **TO** **ADAPT** **TO** **THE** **NEW** **REALITY** **OF** **THE** **21** **ST** **CENTURY**



WRITTEN DESCRIPTION OF MARKINGS:

HEAD	White	Star	COLOR OF EYES.	Black
(1) LEFT FORE LEG	None			
(2) RIGHT FORE LEG	None			
(3) LEFT HIND LEG	Partial	Falloch		
(4) RIGHT HIND LEG	Partial	Falloch		
OTHER OR UNUSUAL MARKINGS OR COLOR	None			
COLOR OF MANE AND TAIL	Chestnut	Black		
SCARS AND BLEMISHES	None			

If marked, check if freely band

REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2 the foal and must have current membership

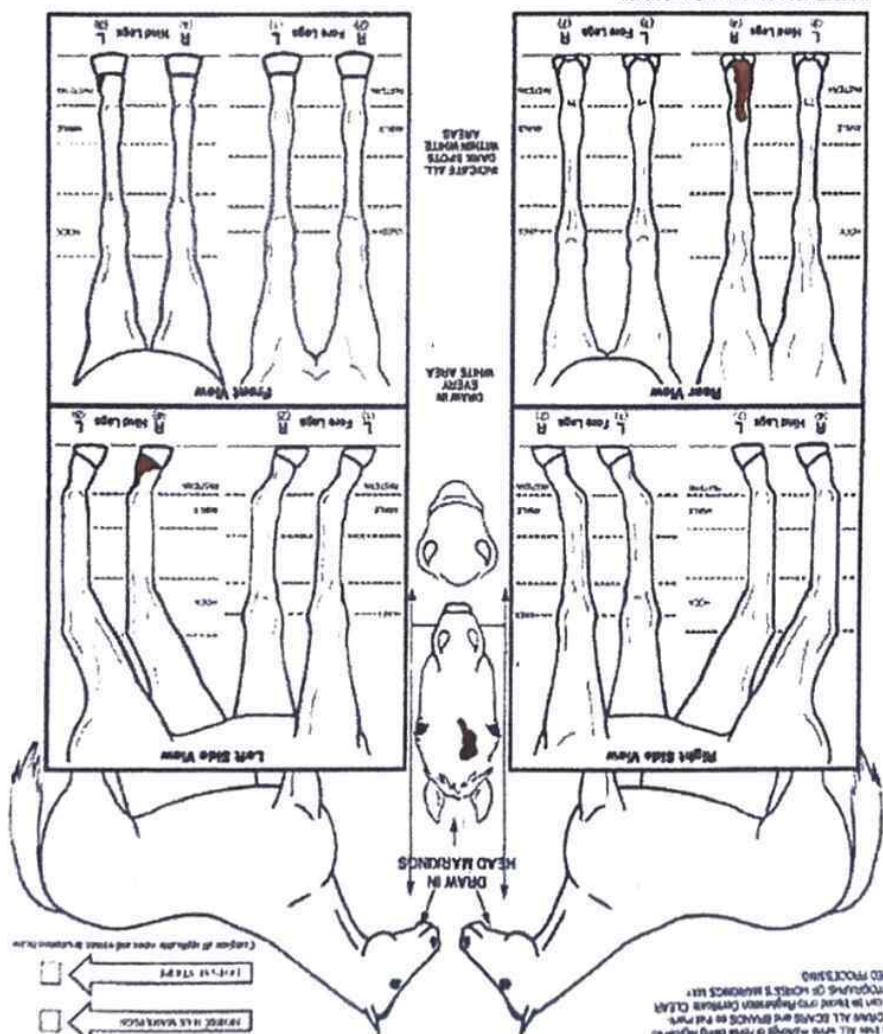
INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration in order to register.

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female =1, Male = 2)	2	() Stallion	() Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (first choice) Tattle Cat					
DATE		(6) BIRTH STATUS	NAME (Second Choice)				
D	M	Y	Single = 1 Twin = 2				
		(8) OFFICE USE					
(5) SERVICE CODE	09	07	23				
Natural = 1			(9) Subsection of herdbook				
		(9) Subsection of herdbook					
Artificial Insemination= 2				BREEDER: (owner of dam at time of service.) Anri Roux			
Embryo Transfer = 3		(11a) DO					
(10) FOALING DATE	31	08	24	(11b) NUMBER			
(12) SIRE NAME: Light America		(13) REGISTRATION NUMBER: 12940987					
OWNER OF SIRE: Anri Roux		TOWN & PROVINCE: Botshaville, FS					
(14) DAM NAME: Na Sparkle Out of Joker		(15) REGISTRATION NUMBER: 13228879					
OWNER OF DAM: Anri Roux		TOWN & PROVINCE: Botshaville, FS					
(16) SASSA BREEDER NO.:		SASSA MEM NO.: 0714029					
		(17) REGISTRATION DATE:					
(20) COLOUR MARKINGS (CHECK ONE)		As recorded owner of the dam at the time this horse was foaled (or authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with. *					
() SOREBEL	() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	(X) CHESTNUT	
() BUCKSKIN	() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO		
THIS IS TO CERTIFY		(Station's name)		Reg No.			
WAS BRED TO		(Mare served)		Reg No.			
ON (test dates mare was b Date/s				Year			
Signature (owner of station):		Mem. No.		Postal address:		9660, FS	
Signature (owner of mare):		Mem. No.		Test No.		022 578 568	

NB: Complete marking diagrams and blanks.

Photographs are taken and then must be printed
 or developed. On developing the film, you will see
 what you shot. All your mistakes or errors being repeated
 and others all become and brands on film print.
 You can be fixed and registered. Pictures taken
 photographing of movie's mistakes in a
 fixed process.

☐ 1. 100% STAFF
☐ 2. 100% HALL MARKS
☐ 3. 100% HALL MARKS



WRITTEN DESCRIPTION OF FINDINGS:

White Star

ST FORE LTD

(2) RIGHT FORE LEG

(3) LEFT HAND LUG

(4) RIGHT HAND: EG

OTHER OR LATE

SCARS AND BRAINS

COLLEGE OF MANAGEMENT AND BUSINESS ADMINISTRATION

2 400/

None

|| **Ἰωάννης** ἁγίου ἁγίου ||

REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2

INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare							
(4) BREEDER'S PREFIX: Blue Sky		(4.5) NAME (First choice)		Let Her Fly										
<table border="1"> <tr> <td rowspan="2">DATE</td> <td>D</td> <td>M</td> <td>Y</td> <td rowspan="2">(6) BIRTH STATUS Single = 1 Twin = 2</td> <td rowspan="2">NAME (Second Choice)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		DATE	D	M	Y	(6) BIRTH STATUS Single = 1 Twin = 2	NAME (Second Choice)							
DATE	D		M	Y	(6) BIRTH STATUS Single = 1 Twin = 2			NAME (Second Choice)						
(7) SERVICE CODE	C4	11	23	(8) OFFICE USE										
Natural = 1				(8) Section of handbook										
Artificial Insemination = 2				(9) Subsection of handbook										
Embryo Transfer = 3				(11 a) DQ										
(10) FOALING DATE	30	10	24	(11 b) NUMBER										
(12) SIRE NAME:	Rossmore		Barri's Joker											
OWNER OF SIRE:	Anri Roux		SAGHA MEM NO.: 0714079		(13) REGISTRATION NUMBER: 12870402									
(at time of service)					TOWN & PROVINCE: Bothaville, FS									
(14) DAM NAME:	Duni Meisels Tiera				(15) REGISTRATION NUMBER: 12975207									
OWNER OF DAM:	Anri Roux		SAGHA MEM NO.: 0714079		TOWN & PROVINCE: Bothaville, FS									
(at time of foaling)					(17) REGISTRATION DATE:									
(16) SAGHA BREEDER NO.:					(21) PREFIX INDICATOR									
(26) COLOUR MARKINGS (CHECK ONE)		(X) PALOMINO		() BAY	() RED ROAN	() GRAY	() CHESTNUT							
() SOREL	() BLACK	() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO								
BREEDER'S CERTIFICATE : (to be completed if the sire and dam where not owned by the same entity at the time of service, or dam at time of foaling.)														
THIS IS TO CERTIFY		(Stallion's name)		Reg No.										
WAS BRED TO		(Mare served)		Reg No.										
ON (set dates mare was bled)		Date/s		Year										
Signature (owner of stallion):				Mem. No.										
Signature (owner of mare):				Mem. No.										
Signature (owner of mare):				Mem. No.										

NB: Complete marking diagrams and blanks.

9660, FS

Tel No. 082 578 5690

1. **Check for leaks.** On days 1 and 2, check for leaks at the joints and at the bottom of the tank. If a leak is found, stop the test and repair the leak.

☐ **ERLES (V. 1.01)**
☐ **REINER (V. 1.01)**
☐ **REINER (V. 1.01)**

