

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 23 February 2026 09:31 PM
To: Philna Moelich
Subject: Fw: Passport applications - Comanding Nite and Dutchess of the Nite - Bridgewaters
Attachments: CamScanner 2026-01-30 13.20.pdf

Hi Phil

Die paspoorte is betaal. Jy kan voortgaan met die uitreiking daarvan asb?

Ek stuur vir jou die volgende in verskillende eposse:

NITE WATCH	PASPOORT	✓
CHASE THE NITE	PASPOORT	✓
BLUSHING NITE	PASPOORT	✓
BEGUILING NITE	PASPOORT	✓
COMANDING NITE	PASPOORT	✓
DUTCHESS OF THE NITE	PASPOORT	✓
HERE COMES THE NITE	PASPOORT	✓
LIGHT AFTER NITE	PASPOORT	✓
8 Paspoorte in totaal		

Daleen du Preez

SADDLEBRED OFFICE

+27 82 336 3377 | +27 82 494 5713

office@saddlebred.co.za

saddlebred.co.za

31 William Solomonstreet

Hauwelsig

Bloemfontein

9301



Standard Bank - Acc 041079914 - Ref: Name & Surname

From: Garland Lee Poil <garlandlp@gmail.com>
Sent: Friday, January 30, 2026 13:22
To: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Subject: Passport applications

Afternoon,

Attached please find my passport applications for Comanding Nite and Dutchess of the Nite.



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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater farm		
	Hekpoort	Postal code	1790
Telephone	072 873 3220	E-mail	garlandlp@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Commanding Nite	
Registration Number of horse	55001 13453634	BIRTH DATE	11/03/2023	BREED	Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/2025	AHS 2 303C	
3/12/2025	AHS 1 1187	

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

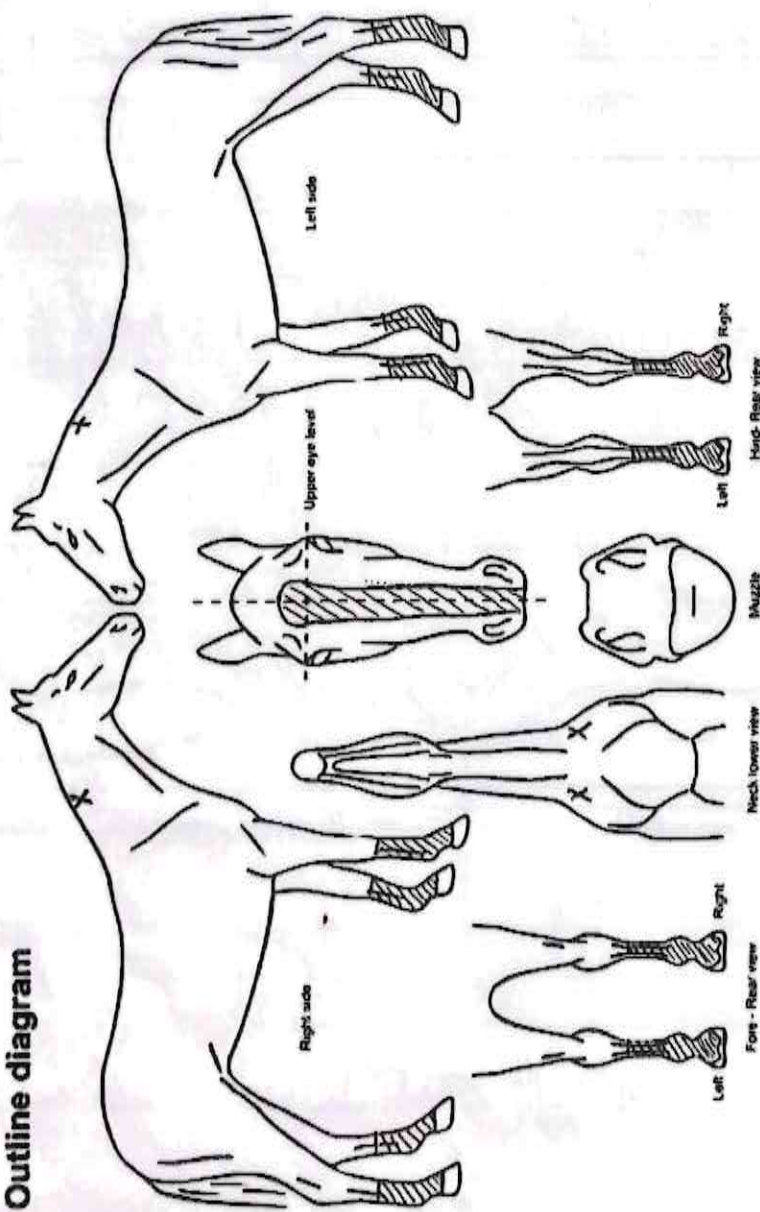
Brits Animal Clinic
Practice

31-12-2025
Date

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

SEX	CLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	CHESNUT	11/03/2023	REGAL NITE	DREAMY NITE	COMMANDING NITE

Outline diagram



NAME OF VETERINARIAN

Dr MC Boshoff

SIGNATURE OF VETERINARIAN

[Signature]

DATE 31/12/2025

PRACTICE STAMP

Brits Dierkliniek

Dr. MC Boshoff (BVSc)

Carel de Wetweg 23

Brits, 0250

Tel: 012 252 1265

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: White Blaze

LEFT FORE	White stocking	BODY / WHORLS
RIGHT FORE	White stocking	2 Whorls on chest &
LEFT HIND	White stocking	1 on each side of neck
RIGHT HIND	White stocking	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater farm Helipoint	Postal code	1790
Telephone	072 873 3220	E-mail	
Fax			

HORSE DETAILS

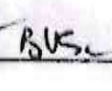
Name of horse	Prefix	Bridgewaters	Name	Dutches of Nite	
Registration Number of horse	57011 13453 626	BIRTH DATE	05/05/2023	BREED	Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	No	Type of implant		
If yes, please supply number of code					

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
8/12/2025	AHS 2 303C	Dr MC Boshoff
30/12/2025	AHS 1 1178	Dr MC Boshoff

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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



 Brix Dierckx
 Signature Practice Date 2025-12-31

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

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 23 February 2026 09:33 PM
To: Philna Moelich
Subject: Fw: Passport applications x 4 - Bridgewaters - Poil
Attachments: CamScanner 2026-01-23 21.41.pdf

Hier is nog 4 aansoeke asb

NITE WATCH	PASPOORT
CHASE THE NITE	PASPOORT
BLUSHING NITE	PASPOORT
BEGUILING NITE	PASPOORT

Daleen du Preez

SADDLEBRED OFFICE

+27 82 336 3377 | +27 82 494 5713
office@saddlebred.co.za
saddlebred.co.za
31 William Solomonstreet
Heuwelsig
Bloemfontein
9301



Standard Bank - Acc 041079914 - Ref: Name & Surname

From: Garland Lee Poil <garlandlp@gmail.com>
Sent: Friday, 23 January 2026 21:45
To: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Subject: Passport applications

Evening,

Please find attached my latest passport applications for processing please.

Thank you kindly.



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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater farm		
	Hekpoort	Postal code	1790
Telephone	072 873 2220	E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Blushing Nite
Registration Number of horse	57010 13453600	BIRTH DATE	09/12/2022	BREED
				Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/2025	AHS 12 303C	Dr Mc Boshoff
30/12/2025	AHS 1 1187	Dr Mc Boshoff

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

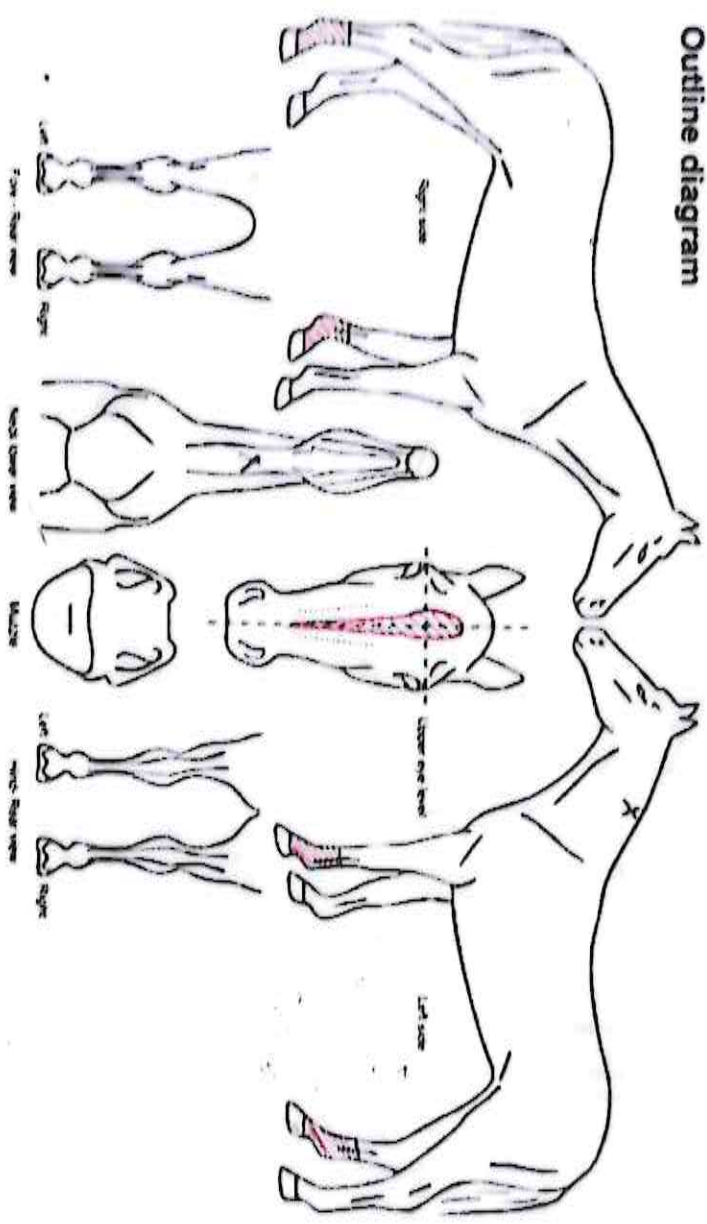
31-12-25
Date

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

 BIRTH CERTIFICATE 04/12/2022 STRIKE NOTE NILES JULIE GUSHING NITE MICROCHIP STICKER

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: White Stripe

LEFT FORE	
RIGHT FORE	<u>White Sock</u>
LEFT HIND	
RIGHT HIND	<u>White Sock</u>

BODY / WHORLS
<u>Whorls: Left side neck</u>
<u>Whorls: Right side neck</u>
<u>Whorls: Left hind</u>
<u>Whorls: Right hind</u>

NAME OF VETERINARIAN
Dr M.C. Boshoff

SIGNATURE OF VETERINARIAN
M.C. Boshoff

DATE 21/12/2025

PRACTICE STAMP

BRITS DERENINEN
DR. M.C. BOSHOFF
CAROL DE WETWEG 25, BRITS DERENINEN
TEL: 012 252 1265 / 1262
FAX: 012 252 1265
CELL: 083 227 5002

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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater Farm		
	Hekpoort	Postal code	1790
Telephone	072 873 3220	E-mail	garlandlp@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Chase the Nite Chase the Nite
Registration Number of horse	55119 13454251	BIRTH DATE	17/02/2023	BREED
				Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/2025	AHS 2 303C	Dr Mc Boshoff
30/12/2025	AHS 1 1187	Dr Mc Boshoff

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

Britz Dieriekliniek
Practice

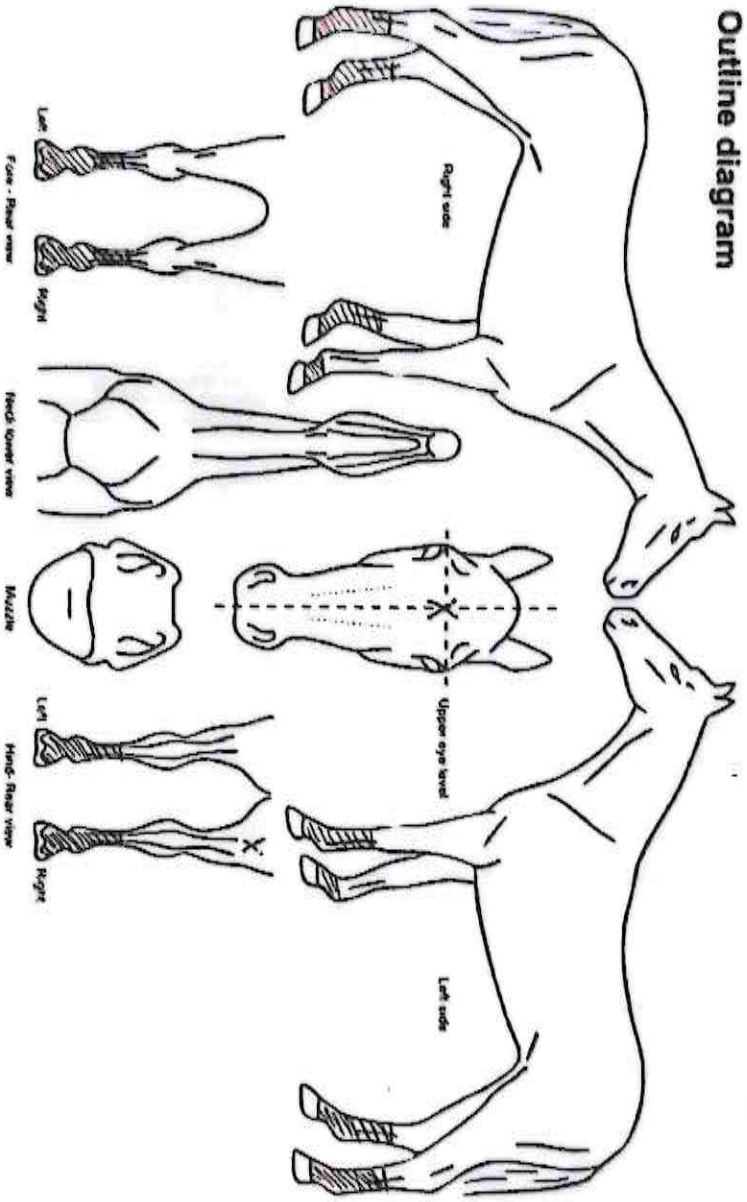
31-12-25
Date

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

SEX	CLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	CHESTNUT	17/02/23	IDEAL NITE	MOONLIGHT NITE	CHASE THE NITE

MICROCHIP STICKER

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD:

LEFT FORE	White Stocking
RIGHT FORE	White Pastern
LEFT HIND	White Stocking
RIGHT HIND	White Stocking

NAME OF VETERINARIAN

Dr. M.C. Boshoff

SIGNATURE OF VETERINARIAN

M.C. Boshoff

DATE 31/12/2025

PRACTICE STAMP

BRITS DIEREKLINIEK
DR. M.C. BOSHOFF
CAROL DE WET WEG 25, BRITS 0250
TEL: 012 252 1265 / 1252
FAX: 066 501 6553
066 501 27 5502

BODY / WHORLS

Whorl in middle of fore head, 1 top right leg

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023685/07		
Member number			
Address of owner	Bridgewater farm		
	Hekpoort	Postal code	1790
Telephone	072 873 3220	E-mail	garland11@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Begunling Nite
Registration Number of horse	56033 13434907	BIRTH DATE	15/10/2020	BREED
				Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/2025	AHS 2 303C	Dr MC Boshoff
30/12/2025	AHS 1 187	Dr MC Boshoff

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

Bets Dierckx
 Practice

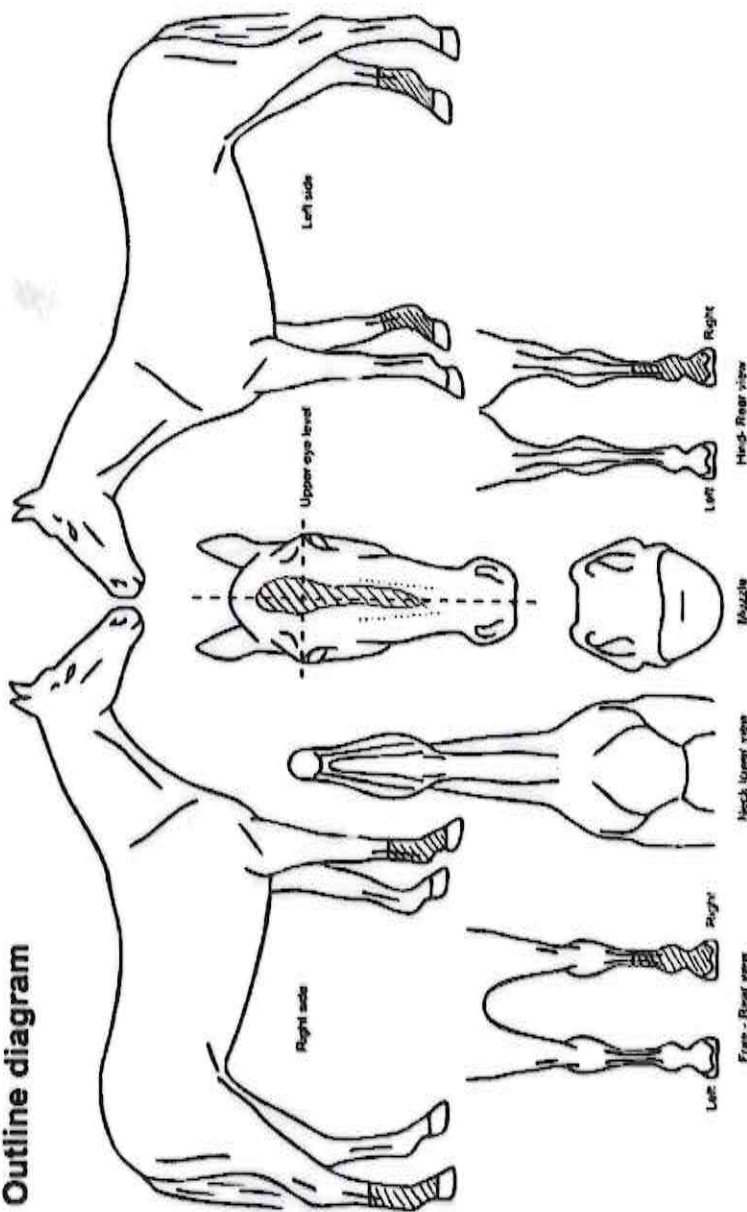
31-12-25
 Date

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

FLEKED CHESTNUT

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
F		15/10/2020	STAKE NITE	NEWITCHED & NEWILDERD	BE-GULLING NITE MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Deuc Boeloff

SIGNATURE OF VETERINARIAN

[Signature]

DATE

31/12/2025

PRACTICE STAMP

BRITS DIEREKLINIEK
DR. M.C. BOSHOFF
CARTEL DE WET WEG 25, BRITS 0250
TEL: 012 252 1255 / 1252
FAX: 012 252 5525
www.brits.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: White Stripe

LEFT FORE		BODY / WHORLS	
RIGHT FORE	<u>White sock</u>		<u>White spots all over body</u>
LEFT HIND			<u>Whorls: Right side neck</u>
RIGHT HIND	<u>White sock</u>		<u>Left chest, middle of throat</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater farm		
	Hekpoort	Postal code	1790
Telephone	072 873 3220	E-mail	garlandlp@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Nite Watch
Registration Number of horse	53259 13624965	BIRTH DATE 2021 06/10/2020	BREED	Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/25	AHS 2303C	Dr Mc Boshoff
30/12/25	AHS 11187	Dr Mc Boshoff

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

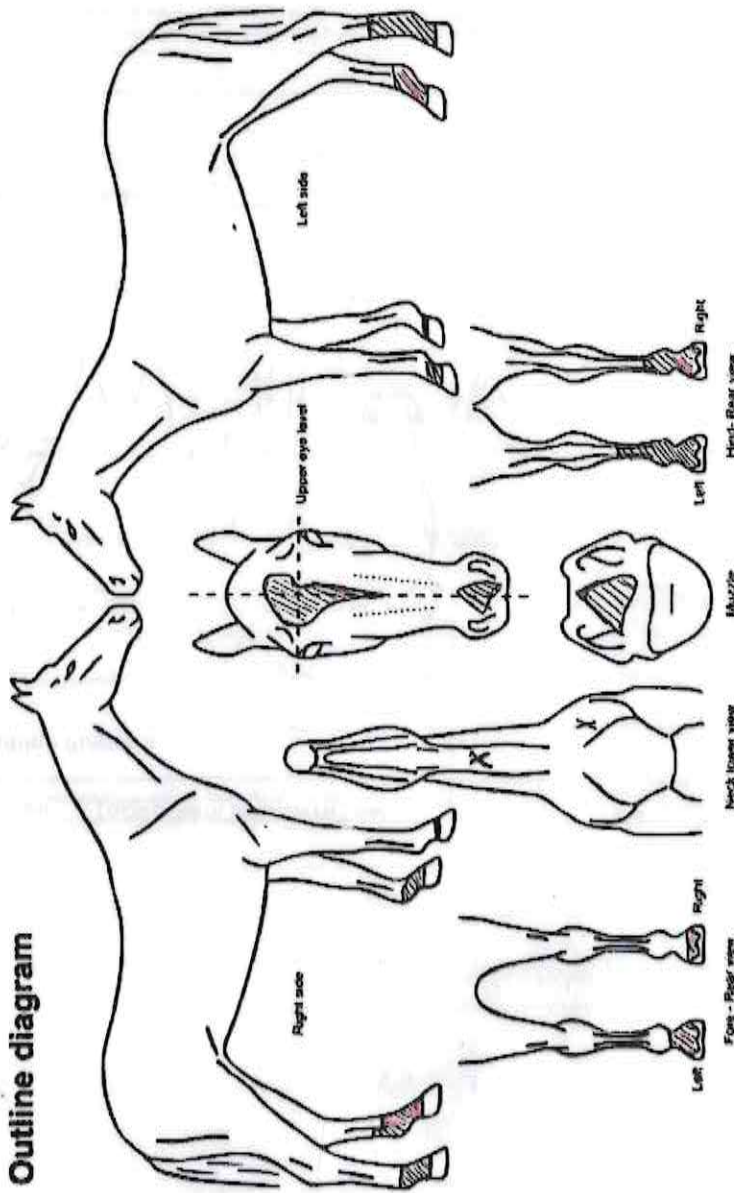
31-12-2025
Date

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
M	CHESTNUT	06/10/2024	Baron's Distinction	Moanlight Nite	Nite watch

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Dr. M.C. Boshoff

SIGNATURE OF VETERINARIAN

[Signature]

DATE 31/12/2025

PRACTICE STAMP

BRITS DIEREKLINIEK
DR. M.C. BOSHOFF
CAROL DE WET WEG 25, BRITS 0200
TEL: 012 252 1255 / 1252
FAX: 012 252 1252

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: White Snip and Star, Whorls on top of Star

LEFT FORE	Half white sock	BODY / WHORLS
RIGHT FORE	White coronet	Small black dot top left
LEFT HIND	White sock	Whorls: Right chest,
RIGHT HIND	White Pastern	Middle throat

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 23 February 2026 09:35 PM
To: Philna Moelich
Subject: Fw: Passport applications x 2 - Bridgewaters - Poil
Attachments: CamScanner 2026-02-05 10.20.pdf

Hi Phil

Hierdie is die laaste 2 van 8 in totaal

HERE COMES THE
NITE

LIGHT AFTER NITE

Dankie

Daleen du Preez

SADDLEBRED OFFICE

+27 82 536 3377 | +27 82 494 5113

office@saddlebred.co.za

saddlebred.co.za

31 William Solomonstreet
Heuwelsig
Bloemfontein
9301



Standard Bank - Acc 041079914 - Ref: Name & Surname

From: Garland Lee Poil <garlandlp@gmail.com>
Sent: Thursday, 05 February 2026 10:21
To: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Subject: Passport applications

Dear Daleen,

Please add these last two passport applications. Allow them can come together with 1 courier service. I had sent two previous batches but they can just all wait an come at once than you.



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



OWNER'S DETAILS

Name of owner	Bridgewaters Horse Park Pty Ltd.		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewaters Farm		
	Hek	Postal code	1790
Telephone	0728733220	E-mail	gerlonlp@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Here Comes The Vibe
Registration Number of horse	55 000 13453618	BIRTH DATE	02/02/2023	BREED
				Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8 December 2025	AHS 2 303C	Dr Mc Bashoff
30 December 2025	AHS 1 1187	Dr Mc Bashoff

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

31-12-25
Date

Brits Diereklíníek

RETURN TO: SADDLE HORSE PASSPORT (BVB) - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building, 11 Horse Street, Westdene - Bloemfontein, 9301

Brits, 0250

Tel: 012 252 1265

SEX	COLOUR	DATE OF BIRTH (DDMMYYYY)	SIRE Stake Nite	DAM Nite of Romance	REGISTERED NAME
M	CHESTNUT	20/02/2023			Here Comes the Nite

Outline diagram	NAME OF VETERINARIAN <u>Dr. M.C. Boshoff</u> SIGNATURE OF VETERINARIAN <u>[Signature]</u> DATE <u>31/01/2025</u> PRACTICE STAMP BRITS DIEREKLINIEK DR. M.C. BOSHOFF CAROL DE WET WEG 25, BRITS 0225 TEL: 012 252 1255 / 1252 FAX: 056 001 5522 CELL: 083 227 3022
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WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Blaze

LEFT FORE	White Pastern	BODY / WHORLS
RIGHT FORE	Sock white	1 whorl on throat
LEFT HIND	Sock white	1 whorl
RIGHT HIND	Sock white	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	Bridgewater Horse Park Pty Ltd		
ID number	2018/023485/07		
Member number			
Address of owner	Bridgewater farm		
	Hekpoort	Postal code	1790
Telephone	072 873 3220	E-mail	garlandlp@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Bridgewaters	Name	Light After Nite
Registration Number of horse	56035 13434956	BIRTH DATE	29/10/2021	BREED Saddle Horse
RF ID Implant / Micro Chip Number	Yes / No	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
8/12/2025	AHS 2 303C	Dr Mc Boshoff
30/12/2025	AHS 1 1187	Dr Mc Boshoff

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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


Brits Diereklíniek
31-12-25
Date

Brits Diereklíniek

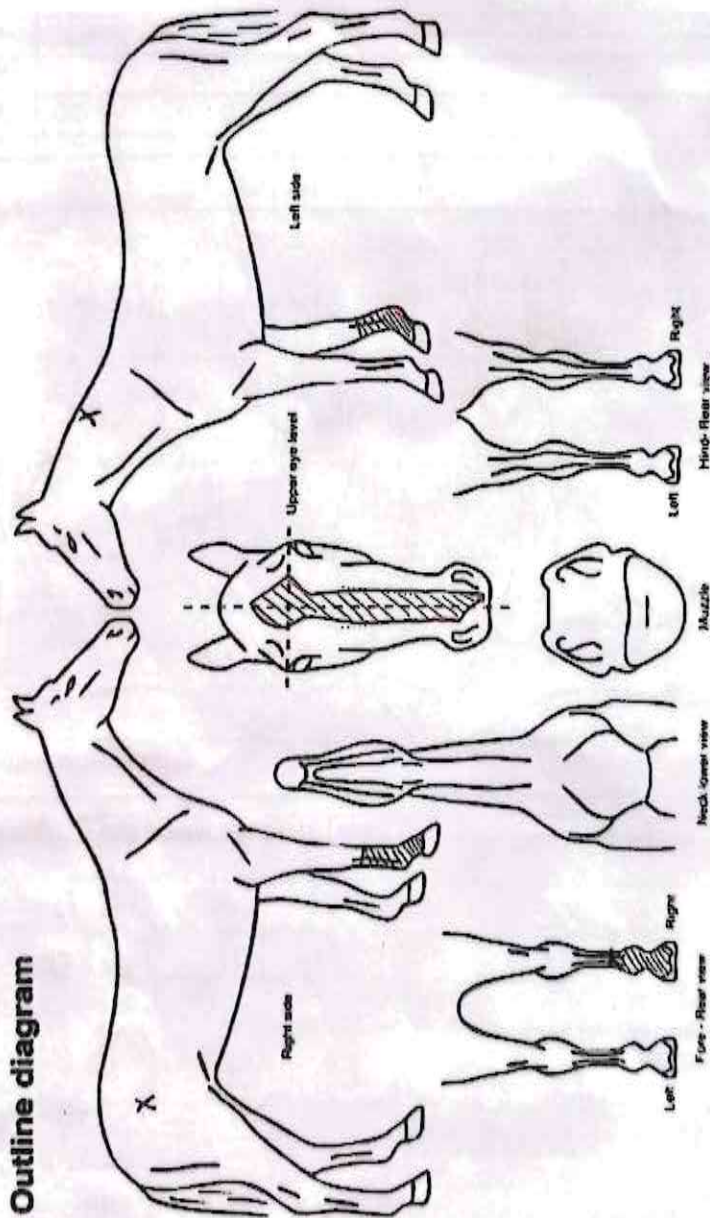
Dr. MC Boshoff (BVSc)

RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301
 Brits, 0250

Tel: 012 252 1265

SEX	CHESTNUT	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	CHESTNUT	24/10/2021	STAKE NOTE	GEWITCHED & BEWELDERD	LIGHT AFTER WHITE

Outline diagram



NAME OF VETERINARIAN

Dr. M.C. Boshoff

SIGNATURE OF VETERINARIAN

Albani

DATE

31/12/2025

PRACTICE STAMP

BRITS DIERENLINIER
DR. M.C. BOSHOFF
CANDE DE WET MED. D. DIERENLINIER
TEL: 012 222 1208 / 1202
FAX: 012 222 1203
WWW.BOSHOFF.CO.ZA

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: *White Blaze*

LEFT FORE	Nil	BODY / WHORLS
RIGHT FORE	<i>White stocking</i>	White Socks all over body
LEFT HIND	Nil	Whorls: Right hip, Left
RIGHT HIND	Nil	Side neck

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)