

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 23 June 2026 12:03 PM
To: Philna Moelich
Subject: 5 Paspoorte - Dinette
Attachments: PASPOORTE - DINETTE.pdf

Hi Phil
Sien asb 5 paspoort aansoeke vanaf Trainer

CLASSIC'S BEST SHOT
GALLIO'S LEGACY
SULTAN'S BLUE COMMANDER
SULTAN'S NEW YEAR
JEAN KATHARINE

I Ryklief opgeskort, ✓ Ook uitgeryk

Dankie

Daleen du Preez

SADDLEBRED OFFICE

☎ +27 82 336 3577 | +27 82 494 5713
✉ office@saddlebred.co.za
🌐 saddlebred.co.za
📍 31 William Solomonstreet
Heerwalsig
Bloemfontein
9301



Standard Bank - Acc 041079914 - Ref: Name & Surname

From: Dinette Wessels <dinettew@icloud.com>
Sent: Monday, 22 June 2026 21:56
To: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Subject: Paspoorte

Hi daar Daleen

Ek hoop dit gaan goed en dat jy darm weer rustiger is na bloem skou...

Sal jy asb vir my kan help met paspoorte vir die aangehegte perde.

Dankie Dinette

Kind Regards

DINETTE WESSELS

Director

002 676 9002

infintygroup021@icloud.com

82 Montagu Street, Mosser Bay

INFINITY

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



OWNER'S DETAILS

Name of owner	PBB HUGO		
ID number			
Member number	0399145		
Address of owner		Postal code	
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	WVG	Name	GALLIO'S LEGACY
Registration Number of horse	13464730 65563	BIRTH DATE	12/11/2023	BREED
RF ID Implant / Micro Chip Number	☒ Yes ☐ No	Type of implant	Saddle horse	
If yes, please supply number of code	 900233007934820 Livestock and Game			

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 ~~admitted~~ the African Horse Sickness vaccinations on the date stated on this form.

Signature

Dr. Maryke van Zyl (BVSc)
De Anker, Windmeul
051/5448 • HP27/16324
Practice

05/05/2026
Date

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

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



OWNER'S DETAILS

Name of owner	Dirna van Rensburg		
ID number	0716317NON		
Member number			
Address of owner		Postal code	
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	NAMA	Name	CLASSIC'S BEST SHOT
Registration Number of horse	5 2148	BIRTH DATE	10/10/2021	BREED
RF ID Implant / Micro Chip Number	☒ Yes ☐ No	Type of implant	Animal ID ISO11784/5 FDX-B	
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 ~~has~~ the African Horse Sickness vaccinations on the date stated on this form.

Signature

Dr. Maryke van Zyl (BVSc)
De Anker, Windmeul
Ph: 0085418 - 107176324

05/06/2026
Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Stadhouer Building - 118 Henry Street - Westdene - Bloemfontein, 9001

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



OWNER'S DETAILS

Name of owner	PW en AF Trading		
ID number			
Member number			
Address of owner			
		Postal code	
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	VENTANA	Name	SULTAN'S NEW YEAR
Registration Number of horse	54063	BIRTH DATE	01/01/2024	BREED
				SADDLE HORSE
RF ID Implant / Micro Chip Number	☒ Yes ☐ No	Type of implant	Animal ID ISO11784/5 FOX-B	
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 ~~has~~ received the African Horse Sickness vaccinations on the date stated on this form.

Signature

Dr. Maryke van Zyl (BVSc)
De Anker, Windmeul
Practice 004/5498 - GP21/16174

22/05/2026
Date

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

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



OWNER'S DETAILS

Name of owner	Charl Oosthuysen		
ID number			
Member number			
Address of owner			Postal code
Telephone			E-mail
Fax			

HORSE DETAILS

Name of horse	Prefix	VONTANA	Name	SULTAN'S BLUE COMMANDER
Registration Number of horse	54066	BIRTH DATE	25/01/2026	BREED
				SADDLE HORSE
RF ID Implant / Micro Chip Number	☒ Yes ☐ No	Type of implant	Animal ID ISO11734/5 FOX-B	
If yes, please supply number of code	 944000000111983			

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. Maryke van Zyl (BVSc)
De Anker, Windmeul
Practice 006/5448 • HP21/06124

22/05/2026
Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 380 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Saddle Book Building - 118 Henry Street - Westdene - Bloemfontein, 9301

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



OWNER'S DETAILS

Name of owner	Ismail Rykhef		
ID number			
Member number			
Address of owner		Postal code	
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	TU5C	Name	JEAN KATHARINE	
Registration Number of horse	57309	BIRTH DATE	29/12/2023	BREED	SADDLE HORSE
RFID Implant / Micro Chip Number	☒ Yes / ☐ No	Type of implant	Animal ID ISO11784/5 FDX-B		
If yes, please supply number of code	 944000000113309				

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 has received the African Horse Sickness vaccination on the date stated on this form.

Signature

Dr. Maryke van Zyl (BVSc)
De Anker, Windmeul
Practice 006/5498 • 0721/16324

22/05/2026
Date

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