

Philna Moelich

From: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Sent: 23 June 2026 02:36 PM
To: Philna Moelich
Subject: Paspoort vir Karens Kalarama Gifted Rose, Paspoort vir Karens Sweet Baby Tjoklits
Attachments: Paspoort vir Karens Kalarama Gifted Rose.pdf; Paspoort vir Karens Sweet Baby Tjoklits.pdf

Hi Phil
Sien asb 2 aansoeke

Groete

Daleen du Preez

SADDLEBRED OFFICE

☎ +27 82 336 3377 | +27 82 494 5715
✉ office@saddlebred.co.za
🌐 saddlebred.co.za
📍 31 William Solomonstroot
Heuwelsig
Bloemfontein
9301



Standard Bank - Acc 041079914 - Ref: Name & Surname

From: Karen Swanepoel <karens@nkld.co.za>
Sent: Tuesday, 23 June 2026 10:54
To: Office | Saddlebred Society (ZA) <office@saddlebred.co.za>
Subject: Emailing: Paspoort vir Karens Kalarama Gifted Rose, Paspoort vir Karens Sweet Baby Tjoklits

Hallo Daleen

Hoe gaan dit met jou?
Kan jy asb vir my paspoorte laat maak vir die 2 perde:
- Karens Kalarama Gifted Rose
- Karens Sweet Baby Tjoklits

Baie dankie
Groete,
Karen

Karen Swanepoel
Noordkaap Landboudiens (Pty) Ltd
Posbus 20
Douglas
8730
Tel: 053 298 2004
E-mail: karens@nkld.co.za

Your message is ready to be sent with the following file or link attachments:

Paspoort vir Karens Kalarama Gifted Rose

Paspoort vir Karens Sweet Baby Tjoklits

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

APPLICATION FOR HORSE PASSPORT

Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	KAREN SWANEPOEL		
ID number	800 33000 79081		
Member number			
Address of owner	DE ERWE	Postal code	8730
Telephone	071 360 9226	E-mail	KARENS@NKLD.CO.ZA
Fax			

HORSE DETAILS

Name of horse	Prefix	KARENS	Name	KALARAMA GIFTED ROSE	
Registration Number of horse	53068	BIRTH DATE	30/10/2021	BREED	SADDLEBRED
RF ID Implant / Micro Chip Number	Yes/No	YES	Type of implant	Backhome Bioglass	
If yes, please supply number of code	 992003000588543		ISO FDX-B 11784/11785 1.25x8 P Super mini transponder www.electronic-identification.com Sterility Expiry Date: 01/2030		

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
21/05/2026	Equilis-PROQUENZA II A331A02 07-2028	DR. PRISCILLA JOSEPH
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No.	Name of person who administered African Horse Sickness Vaccine
21/05/26 11/06/26	 297 31/07/2026 1 179 30/06/2026	DR. PRISCILLA JOSEPH DR. PRISCILLA JOSEPH

CERTIFIED BY VET

I confirm that this horse received the African Horse Sickness Vaccine

Signature

Stamp on the date stated on this form.

DOUGLAS VETERINARY CLINIC

PO Box 35 Douglas NC

Cell: 084 750 7015

Practice 083 280 1346

Email: douglasvetclinic@hotmail.com

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



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

Name of owner	KAREN SWANEPOEL		
ID number	80033 000 74081		
Member number			
Address of owner	DIE ERWE		Postal code
Telephone	071 360 9226	E-mail	KARENS@NKLD.CO.ZA
Fax			

HORSE DETAILS

Name of horse	Prefix	KARENS	Name	SWEET BABY TJOKLITS
Registration Number of horse	40727	BIRTH DATE	10/05/2017	BREED
				SADDLE BRED
RF ID Implant / Micro Chip Number	☒ Yes / ☐ No	YES	Type of implant	Backhome Bioglass ISO FDX-B 11784/11785 Super mini transponder www.electronic-identification.com Sterility Expiry Date: 01/2030 1.25x0 P
If yes, please supply number of code	 992003000588544			

VACCINATION DETAILS

Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
21/05/26	Equilis PREQUINZAT A331A02 07-2028	DR. PRISCILLA JOSEPH
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
21/05/26 11/06/26	 297 31/07/2026 1 179 30/06/2026	DR. PRISCILLA JOSEPH. DR. PRISCILLA JOSEPH

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

Signature

DOUGLAS VETERINARY CLINIC
PO Box 35 Douglas NC
Practice
Cell: 084 750 7015
Tel: 063 288 1346
Email: douglasvetclinic@hotmail.com

21/05/26
Date

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