

## Philna Moelich

**From:** Melissa Blom <melissab@stemma.co.za>  
**Sent:** 04 June 2026 08:17 AM  
**To:** philna@studbook.co.za  
**Subject:** FW: Paspoort Aansoek : Samuria Warlock  
**Attachments:** CCE20260603\_0015.pdf

ESB159971

Hallo Philna,

Ek hoop dit gaan goed.

Jy kan die paspoort deursit.



S.A. HACKNEY(SHH)

ID Number

Prefix

Name

Computer No. (Sex)

Date of Birth & Age (months)

Section / subsection

Status

Lab. No.

Animal:

5344

SAMURIA

WARLOCK

0013481155 (Stallion)  
SHHM5344

08/04/2026 (1)

SP / None

REG (Registered)

260447H001

8 x paspoorte

2 x nog opgeskort. ↓  
Ontvang a/07/2026.

Fakt: 5929523/24

Groete  
Melissa

D.W. ALBERTS  
HME lid

**From:** Abdullah Davids [mailto:abdullah.davids@gmail.com]  
**Sent:** Wednesday, 03 June 2026 22:38  
**To:** 'Philna Moelich'  
**Cc:** 'Melissa Blom'  
**Subject:** Paspoort Aansoek : Samuria Warlock

 

**APPLICATION FOR HORSE PASSPORT**  
Registered Horse & Non Registered Horse



**SA** STAMBOEK  
STUD BOOK

**OWNER'S DETAILS**

|                  |                               |             |      |
|------------------|-------------------------------|-------------|------|
| Name of owner    | KAMALIE STUO (M. KAMALIE)     |             |      |
| ID number        |                               |             |      |
| Member number    | 066 9474                      |             |      |
| Address of owner | 5123, KRAAL ROAD, SCHAAPKRAAL |             |      |
|                  | PHILIPPI                      | Postal code | 7941 |
| Telephone        | 072-442 5145                  | E-mail      |      |
| Fax              |                               |             |      |

**HORSE DETAILS**

|                                      |                                           |            |                 |                        |
|--------------------------------------|-------------------------------------------|------------|-----------------|------------------------|
| Name of horse                        | Prefix                                    | KAMALIE    | Name            | FIRE                   |
| Registration Number of horse         | 5184<br>13467170                          | BIRTH DATE | 16-01-2020      | BREED<br>HACKNEY HORSE |
| RF ID Implant / Micro Chip Number    | Yes / <input checked="" type="checkbox"/> |            | 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.

*N. Apter*  
Signature

Dr Nadine Apteker  
Cape Animal Fertility Clinic  
Box 1449, Stellenbosch, 7599  
Practice 021 423 4444

25.05.26  
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

**APPLICATION FOR HORSE PASSPORT**  
Registered Horse & Non Registered Horse



**SA** STAMBOEK  
STUD BOOK

**OWNER'S DETAILS**

|                  |                              |             |      |
|------------------|------------------------------|-------------|------|
| Name of owner    | KAMALIE STUDIO (M. KAMALIE)  |             |      |
| ID number        |                              |             |      |
| Member number    | 0 66 94 74                   |             |      |
| Address of owner | 5123, KRAAL ROAD, SCHAAKRAAL |             |      |
|                  | PHILIPPI                     | Postal code | 7941 |
| Telephone        | 072 442 5145                 | E-mail      |      |
| Fax              |                              |             |      |

**HORSE DETAILS**

|                                      |                  |            |                 |                        |
|--------------------------------------|------------------|------------|-----------------|------------------------|
| Name of horse                        | Prefix           | KAMALIE    | Name            | PASSION'S DREAM        |
| Registration Number of horse         | 5247<br>13467188 | BIRTH DATE | 15-01-2019      | BREED<br>HACKNEY HORSE |
| RF ID Implant / Micro Chip Number    | Yes / No<br>X    |            | 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 vaccination on the date stated on this form.

Signature

Cape Animal Fertility Clinic  
Box 1449, Stellenbosch, 7599  
084 423 4444  
Practice

25.05.26  
Date

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