

Philna Moelich

From: Rozelle du Plessis <experience1880@gmail.com>
Sent: 04 July 2022 10:52 AM
To: Philna Moelich
Attachments: IMG20220621174256(1) rs.jpg; IMG20220623163644(1) rs.jpg; Untitled-60.pdf

Hi Philna

Kan jy my asb help met die volgende paspoort aansoeke vir 2 ongeregistreerde perde.

Dit is vir potfontein stoet se rekening asb.

Lekker dag
Rozelle

Fooi 06726645AH

Print Flink 06/07/2022

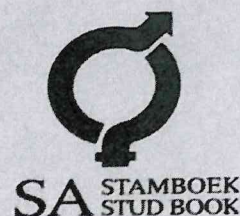
Narrae op Kompas



Rozelle du Plessis
Potfontein Boerperd Stoet
m: 0735221839



APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	Marinda Pretorius.		
ID number	871227 0012 083		
Member number	0707548 NON		
Address of owner	791 33 rd Avenue		
	Ullieria Pta.	Postal code	0084
Telephone	019490 5032.	E-mail	marinda@bodyinktellet.co.za.
Fax	marinda@bodyinktellet.co.za.		

HORSE DETAILS

Name of horse	Prefix	Flink.	Name	Potkentein Flink.
Registration Number of horse	13398300	BIRTH DATE	2010/10/21	BREED
				Boer x Noordgedachter
RF ID Implant / Micro Chip Number	Yes / No	71 009 810011	Type of implant	2844
If yes, please supply number of code	71 009 8100 11 2844			

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
28/8/2020	Proteg Flu-Te L473775 Gx 17/01/2021.	Dr Rietze van Zyl Platte van Rynveld Vet Clinic 86 van Rynveld Ave Platte van Rynveld 012 682 2802
25/9/2020	Proteg Flu-Te L477866 Gx 05/06/2021.	Dr Rietze van Zyl Platte van Rynveld Vet Clinic 86 van Rynveld Ave Platte van Rynveld 012 682 2802
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
25/9/2020	145A.	Dr Rietze van Zyl Platte van Rynveld Vet Clinic 86 van Rynveld Ave Platte van Rynveld 012 682 2802
	1-277A.	Dr Rietze van Zyl Platte van Rynveld Vet Clinic 86 van Rynveld Ave Platte van Rynveld 012 682 2802

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 ANIMAL CLINIC

25/09/2020.
Date

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

REGISTERED NAME		POTFENBEIN Flink	
DAM		POTFENBEIN Kiewiet	
SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE
Stabling	Grey	21/10/2010	Hitler

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Riette van Zyl

[Signature]
BSc.

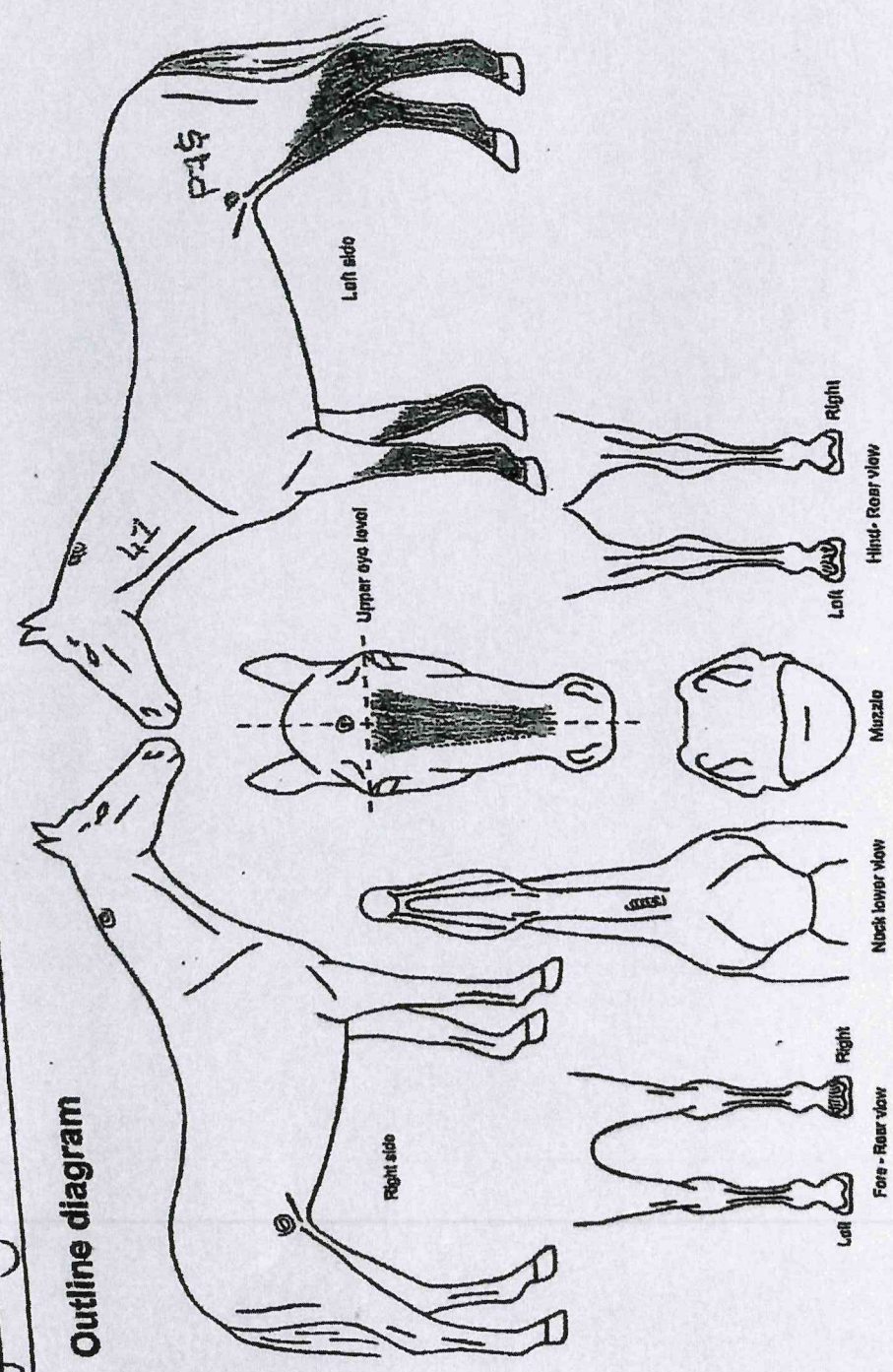
SIGNATURE OF VETERINARIAN

DATE 25/9/2020

PRACTICE STAMP

Dr Riette van Zyl
Praktis van Rynneveld Vet Clinic
88 van Rynneveld Ave
Pretoria van Rynneveld
018 444 8000

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Black blaze, grey face, central whorls

LEFT FORE	Black hoof, black hair 2/3 up leg
RIGHT FORE	Black hoof, black hair 2/3 up leg, white hairs inside fetlock
LEFT HIND	Black hoof, black hair 2/3 up leg, white hairs inside fetlock
RIGHT HIND	Black hoof, black hair 2/3 up leg

BODY / WHORLS

Whorls central neck
Whorls flank left + right
Whorls neck lower view
Whorl central front head

25/05/2016.
Male.

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse

SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

Name of owner	POTFONTEIN STOETERY		
ID number			
Member number	0672664 SAH		
Address of owner	Kaalplaats farm Swartberg		
Telephone	0735221839	Postal code	4710
Fax		E-mail	rozellezamudio@gmail.com

HORSE DETAILS

Name of horse	Prefix	Harmonie	Name	Kompas
Registration Number of horse	13265616		BREED	Bceped
RF ID Implant / Micro Chip Number	☒ Yes / ☐ No		Type of implant	micro chip
If yes, please supply number of code	991001000296979			

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
10/1/2022	OBP A45 I 148	Dr DF Kilian BVSc
28/1/2022	" " II 283	SAVC D02/4482 Cell: 083 557 3388

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

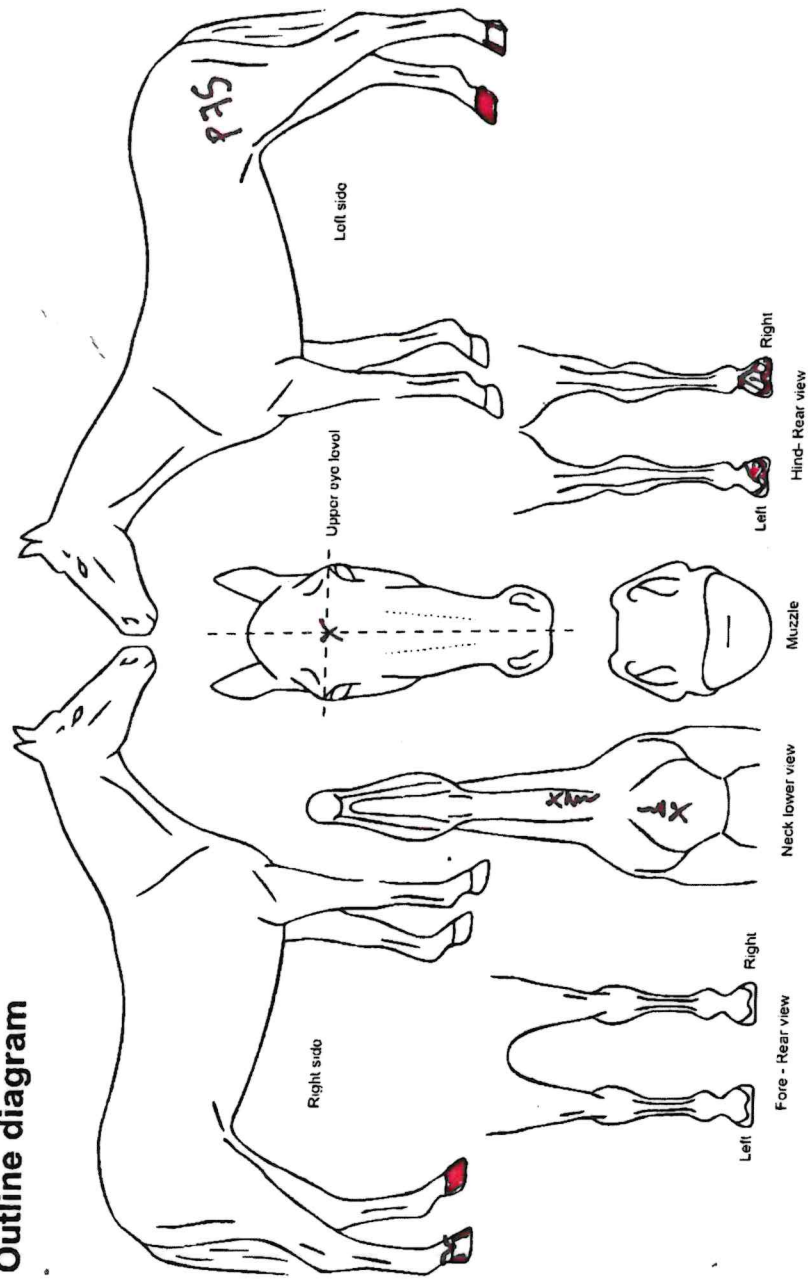
Practice

Date

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

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Yelding	BA-1				Harmonie Kompas

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Central eye level whorl

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	Hoof wall half white medially.
RIGHT HIND	Hoof wall half white medially.

BODY / WHORLS
Chest & lower neck whorl
(ventral) with feathered edge

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Left hind brand PFS.

MICROCHIP STICKER

091001000296979

NAME OF VETERINARIAN

Dr. DF KILIAN

[Signature]

SIGNATURE OF VETERINARIAN

DATE 16/2/2022

PRACTICE STAMP

Dr. DF Kilian BVSC
SAVC D02/4482
Cell: 083 557 3388