

Philna Moelich

From: elize@studbook.co.za
Sent: 01 September 2022 10:42 AM
To: 'Philna Moelich'
Subject: SA BOERPERDE : Rooigras Bamboo, Bastare, Valour Vader, Boeta, Breitling, Blind Faith, Aragula en Victoria se ID's
Attachments: Rooigras Bamboo.pdf; Rooigras Bastare.pdf; Rooigras Valour.pdf; Rooigras Vader.pdf; Rooigras Boeta.pdf; Rooigras Breitling.pdf; Rooigras Blind Faith.pdf; Rooigras Aragula.pdf; Rooigras Victoria.pdf

Hello Philna,

Kan jy asseblief die volgende passpoorte uitreik vir my en die volgende lid is verantwoordelik vir die kostes.

Sodra dit klaar is kan jy vir my dit gee om te courier:

Stoet: Rooigras
Lid no: 0574327SAH

Vriendelike Kantoer Groete



Elize Prinsloo
Tel: 051 410 0900
Epos: elize@studbook.co.za
ABSA, Cheque Account, nr: 087 039 0432

Straat adres: Henry Straat 118
Posbus 1060
Bloemfontein
9300

From: Jan Joubert <jan@tradeskills.co.za>
Sent: Thursday, 01 September 2022 10:01
To: saboerperd@studbook.co.za <elize@studbook.co.za>
Subject: FW: Rooigras Bamboo, Bastare, Valour Vader, Boeta, Breitling, Blind Faith, Aragula en Victoria se ID's

Elize:

Kan jy asseblief die volgende paspoorte laat bind en aanstuur.

Party is nog nie oorgedrae maar ryk hul asseblief uit. As oorgedrae is reik uit in eienaar se naam.

Baie dankie

Jan

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Reg Roogrus	Name	Bambuu
Registration Number of horse	0013306907	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	93307100004959	Type of implant	Micro chip
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.

Signature

Pretoria East
Practice
Sec 19/156/3, Pretoria

26/05/2022
Date

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

REGISTERED NAME

॥३॥

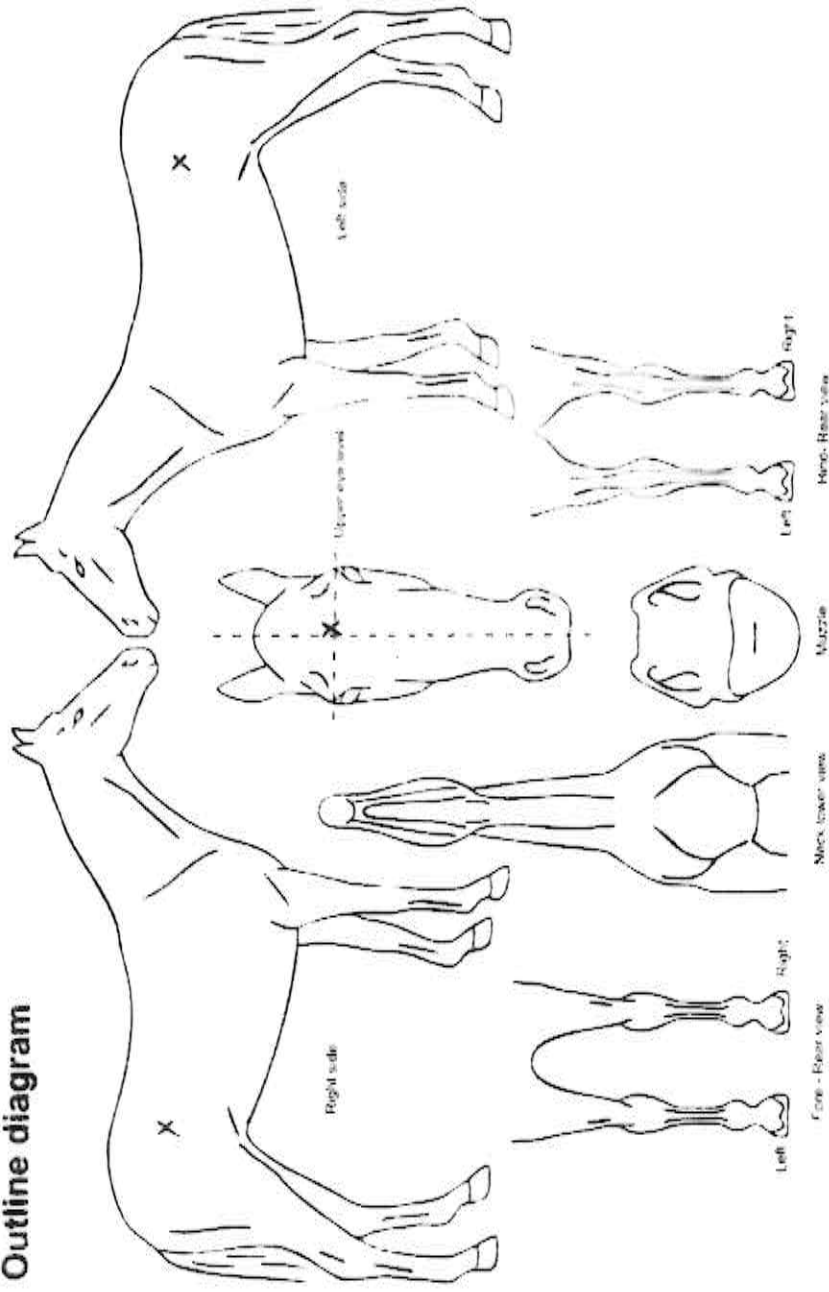
SIRE

COLOUR

25

Gelding, Dark Bay	02/11/2019	Rougeas le Beant	Rougeas Strawberry	Rougeas Bambuse
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Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAL WHOLE AT UPPER EYE LEVEL

LEFT FORE

244

RIGHT FORE

27

LEFT HIND

25

RIGHT HIND

172

BODY / WHORLS

RIGHT AND LEFT
FLANK WHEELS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Reg Rooigras	Name	Bastare
Registration Number of horse	0013306998	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071000049807	Type of implant	Micro Chip
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.

[Signature] BVSc
Signature

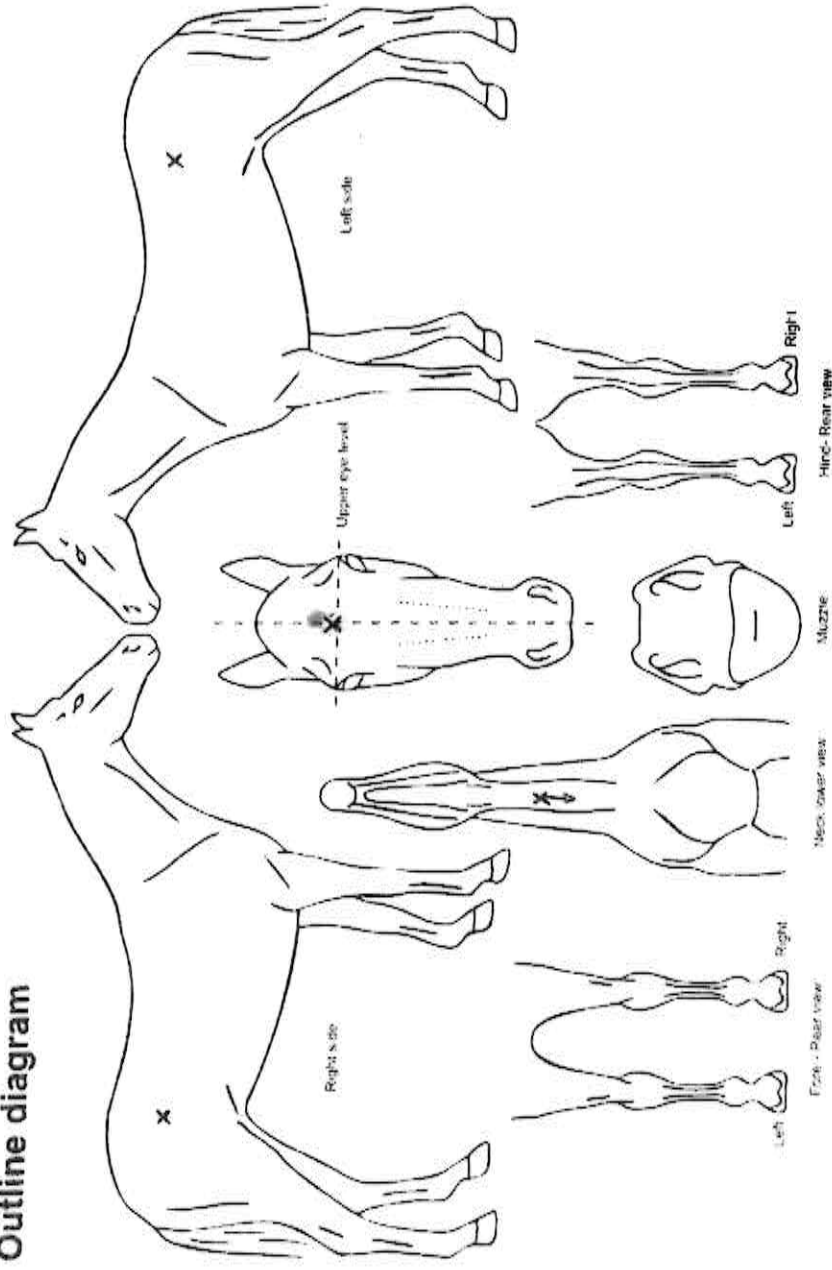
Olympus 24 Hour
Animal Hospital
956 Tonelli Str
Fairlie Glen, Pretoria
061 702 7777/9
info@olympusvethospital@gmail.com

26/05/2022
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
Mare	Dark Bay	21/11/2018	Roagras Le Beant	Roagras Bastie	Roagras Basture

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHOLE AT UPPER EYE LEVEL, WHITE HAIR AROUND WHOLE

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	NIL
RIGHT HIND	NIL

BODY / WHORLS
RIGHT AND LEFT FLANK
WHORLS, MEDIAL WHOLE
ON TRACHEA

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr S-O. Nunn

SIGNATURE OF VETERINARIAN
Sump BSE

DATE 26/05/2022

PRACTICE STAMP

Olympus 24 hour
Animal Hospital
965 Trench St
Franklin Glen, Freetown
061 702 77779
HP21/16319 olympusvet@gmail.com

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Rooigras	Name	Valour
Registration Number of horse	0013307012	BIRTH DATE	BREED	Boerpend
RF ID Implant / Micro Chip Number	Yes / No	933071000049969	Type of implant	Micro Chip
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.

Signature

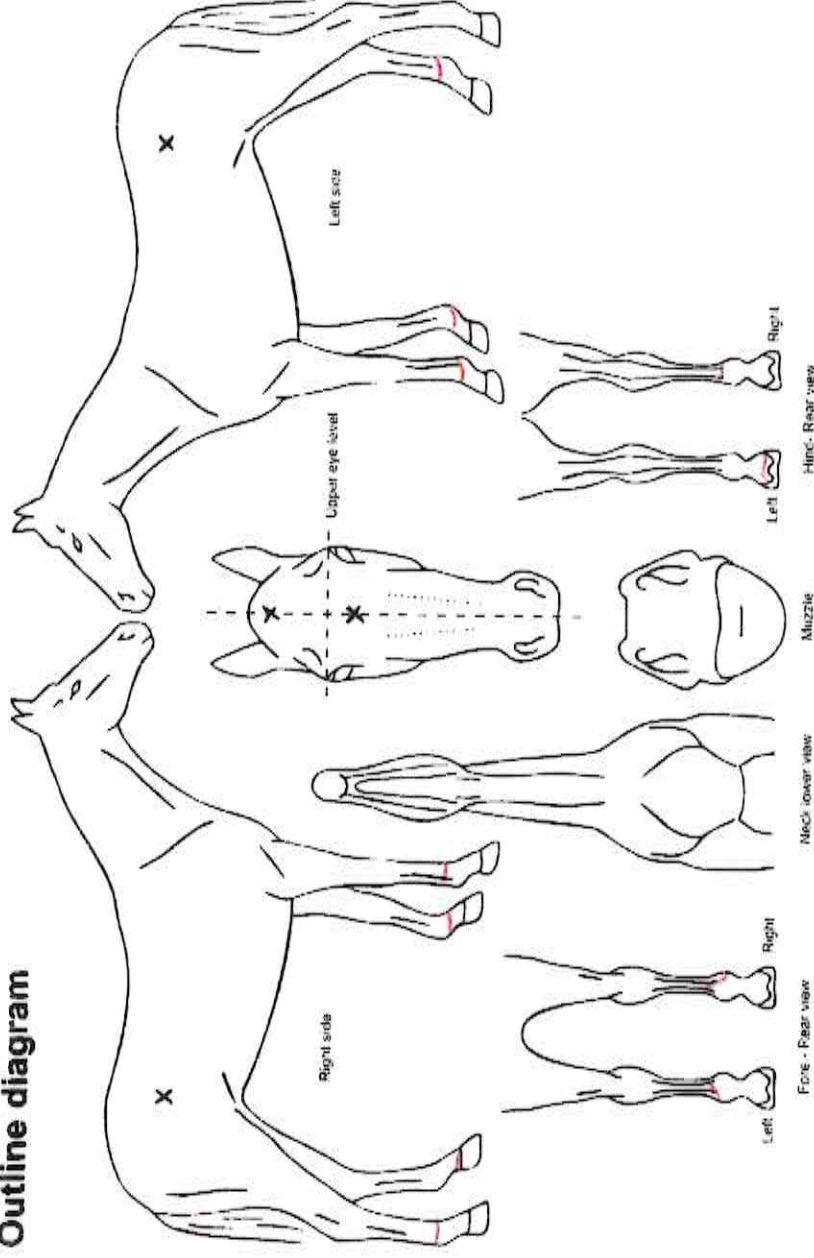
Olympus 24 hour
Animal Hospital
Practice
968 Tloane St
Ficksburg, Pretoria
051 702 7777/8

26/05/2022
Date

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

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Male	Light Bay	30/0/2018	Lang-corel Vrystaat	Racigras Flunweel	Racigras Valour

Outline diagram



NAME OF VETERINARIAN

Dr S.O. Nunn

SIGNATURE OF VETERINARIAN

DATE 26/05/2022

PRACTICE STAMP

Olympus 24 hour
Animal Hospital
966 Torontol St
Parrish Glen, Pretoria
081 702 7777/9
1971/16319 olympusvet@gmail.com

MICROCHIP STICKER

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL BELOW FRINGE, MEDIAN WHORL BELOW UPPER EYE LEVEL

LEFT FORE	PASTERN
RIGHT FORE	FETLOCK
LEFT HIND	CORONET
RIGHT HIND	FETLOCK

BODY / WHORLS

RIGHT AND LEFT PLANE
WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

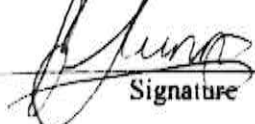
Name of horse	Prefix	Roogrus	Name	Vader
Registration Number of horse	0013307053	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071000044 88	Type of implant	Micro Chip
If yes, please supply number of code				

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.

 BVSC
Signature

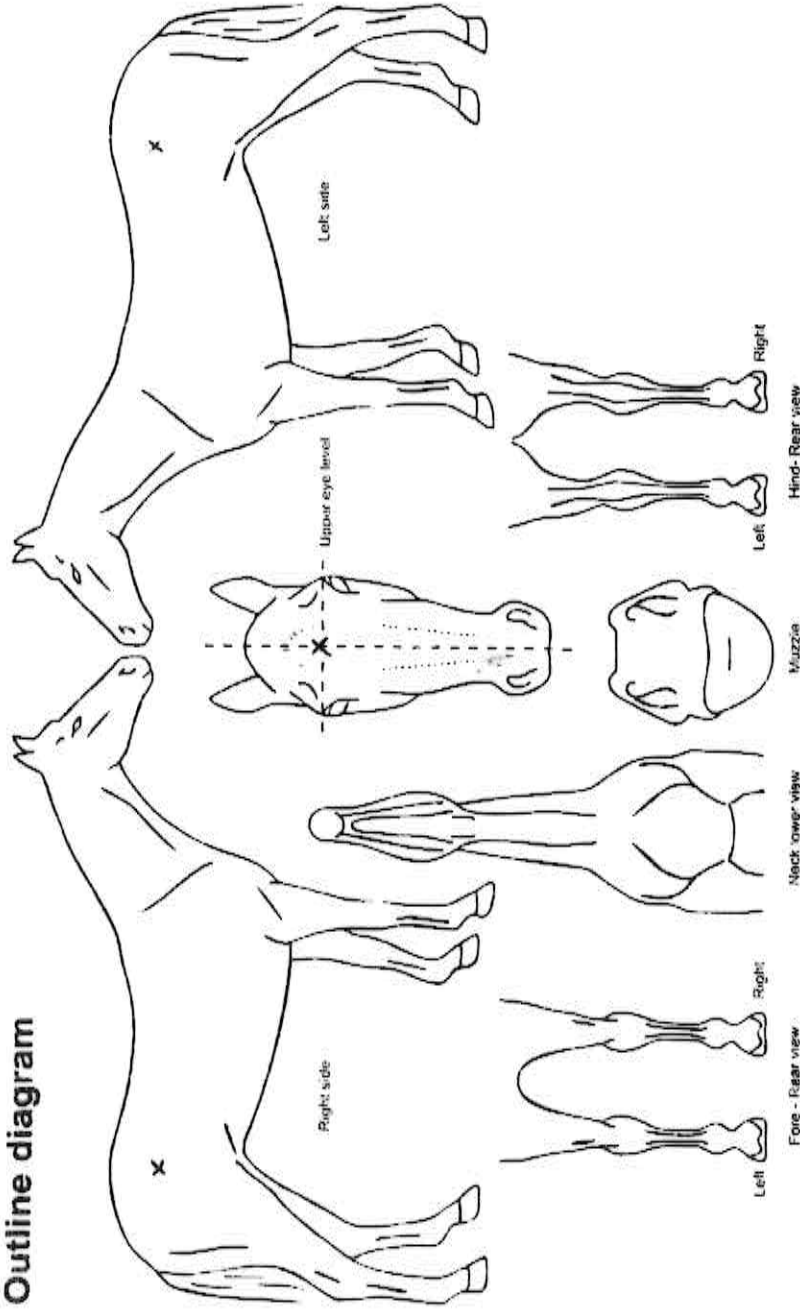
Olympus 24 hour
Animal Hospital
966 Tonetti St
Paerie Glen, Pretoria
061-702-7777/9
HP21/163106@vetshospital@gmail.com

26/05/2022
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	REGISTERD NAME
C Gelding	Bay (Few white hair on body)	14/11/2019	Lang-Cered Vryabaat	Colela Ousuis	Raigras Vader

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL AT UPPER EYE LEVEL, FEW WHITE HAIR ABOVE WHORL WHITE HAIR ABOVE RIGHT NOSTRIL

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	NIL
RIGHT HIND	NIL

BODY / WHORLS
RIGHT AND LEFT
FLANK WHORLS

NAME OF VETERINARIAN

Dr S-O. Nunn

SIGNATURE OF VETERINARIAN


DATE 26/05/2022

PRACTICE STAMP

Olympus 24 hour
 Animal Hospital
 966 Tenebris St
 Frazer Glen, Pretoria
 061 702 77779
 1821/16319 olympusvet@gmail.com

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Reg Kooigras	Name	SB 9063 Boeta
Registration Number of horse	0013306964	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071000049953	Type of implant	Micro Chip
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.

[Signature]
Signature

Pretoria East
1st Floor, Block B
Wetland
Shopping centre
Practice
051 702 7777
pleadsvet@icloud.com

26/05/2022
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
Gelding	Bay	18/11/2018	Rooigras Le Beant	Rooigras Sus	Rooigras Boety

Outline diagram	MICROCHIP STICKER
	NAME OF VETERINARIAN Dr S-O Nunn
	SIGNATURE OF VETERINARIAN <i>[Signature]</i> BVSC
	DATE 26/05/2022 PRACTICE STAMP Pretoria East 123 First, Block B Whisper and Shooping Centre A Pretoria East Property 021 700 7777 SC19/15373 p@bostvets.com@gmail.com

WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: DUKLE STAR ABOVE MEDIAL WHORL AT UPPER EYE LEVEL, MEDIAL WHORL BELOW FRINGE

LEFT FORE	NIL	BODY / WHORLS RIGHT AND LEFT PLAIN WHORLS MEDIAL WHORL ON TRACHEA
RIGHT FORE	NIL	
LEFT HIND	NIL	
RIGHT HIND	NIL	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) _____

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

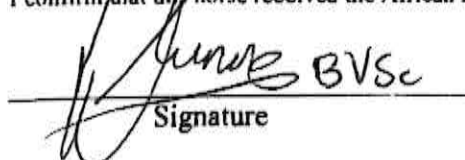
Name of horse	Prefix	Reg Roogras	Name	Breitling
Registration Number of horse	001 330 6931	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071000049968	Type of implant	Micro Chip
If yes, please supply number of code				

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.


Signature

Pretoria East
Practice
SC19/15873
1st Floor, Block B
Wapad and
Shopping centre
011 797 1117
pretoriaeast@practise.com

26/05/2022
Date

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

SEX Gelding

COLOUR Bay

DATE OF BIRTH (DD/MM/YYYY) 11/11/2018

SIRE

DAM

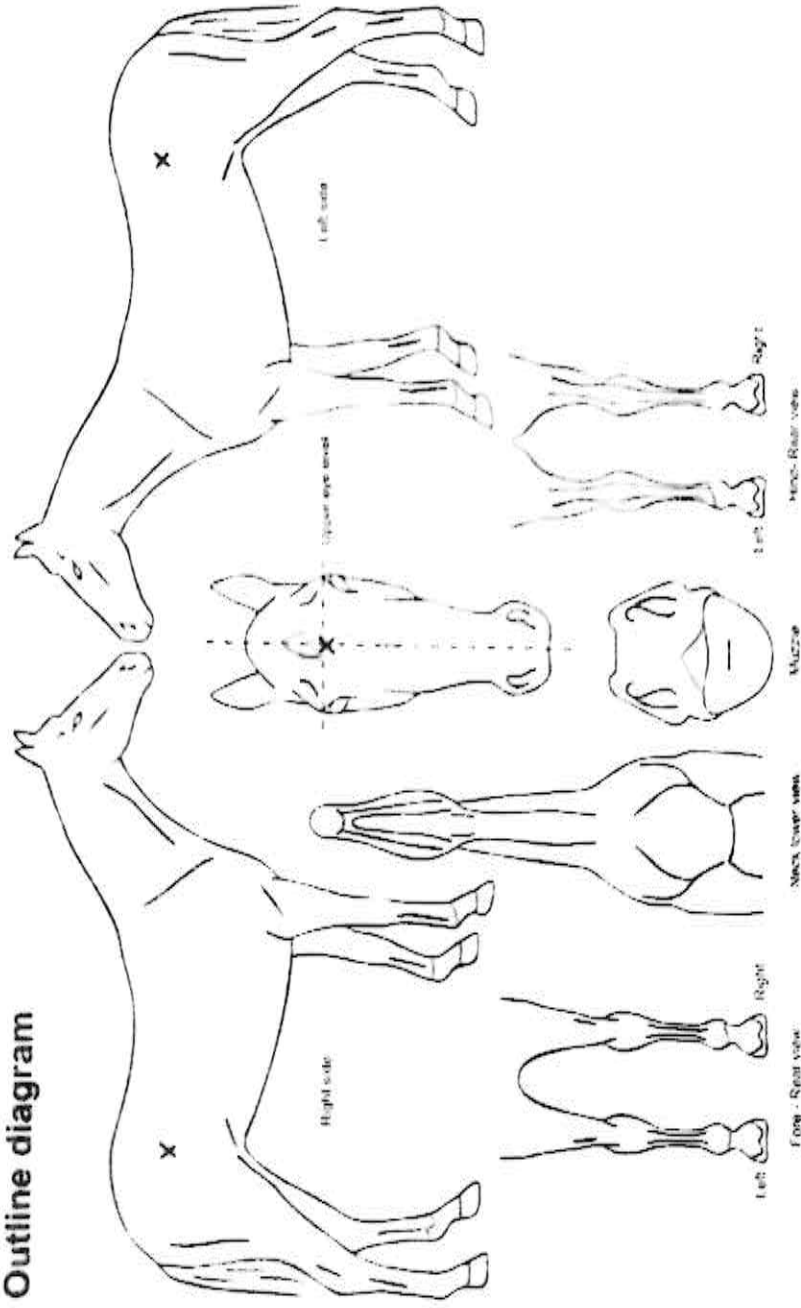
Rougous Le Beaut Cavallo Fasti

REGISTERED NAME

Rougous Breeding

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Dr S-O Nunn

SIGNATURE OF VETERINARIAN

DATE 26/05/2022

PRACTICE STAMP

Pretoria East

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAL WHORL AT UNDER EYE LEVEL TRIANGULAR STAR ABOVE MEDIAL WHORL WITH A FEW WHITE HAIR ON MEDIAL WHORL
 GOING TOWARDS NOSTRILS, WHITE SNIP ON FORE LIP

LEFT FORE

FETLOCK

RIGHT FORE

FETLOCK

LEFT HIND

FETLOCK

RIGHT HIND

NIL

BODY/WHORLS

RIGHT AND LEFT FLANKS

WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Reg Rexigus	Name	Blind Faith
Registration Number of horse	0013306923	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933011000049007	Type of implant	Micro Chip
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.

[Signature]
Signature

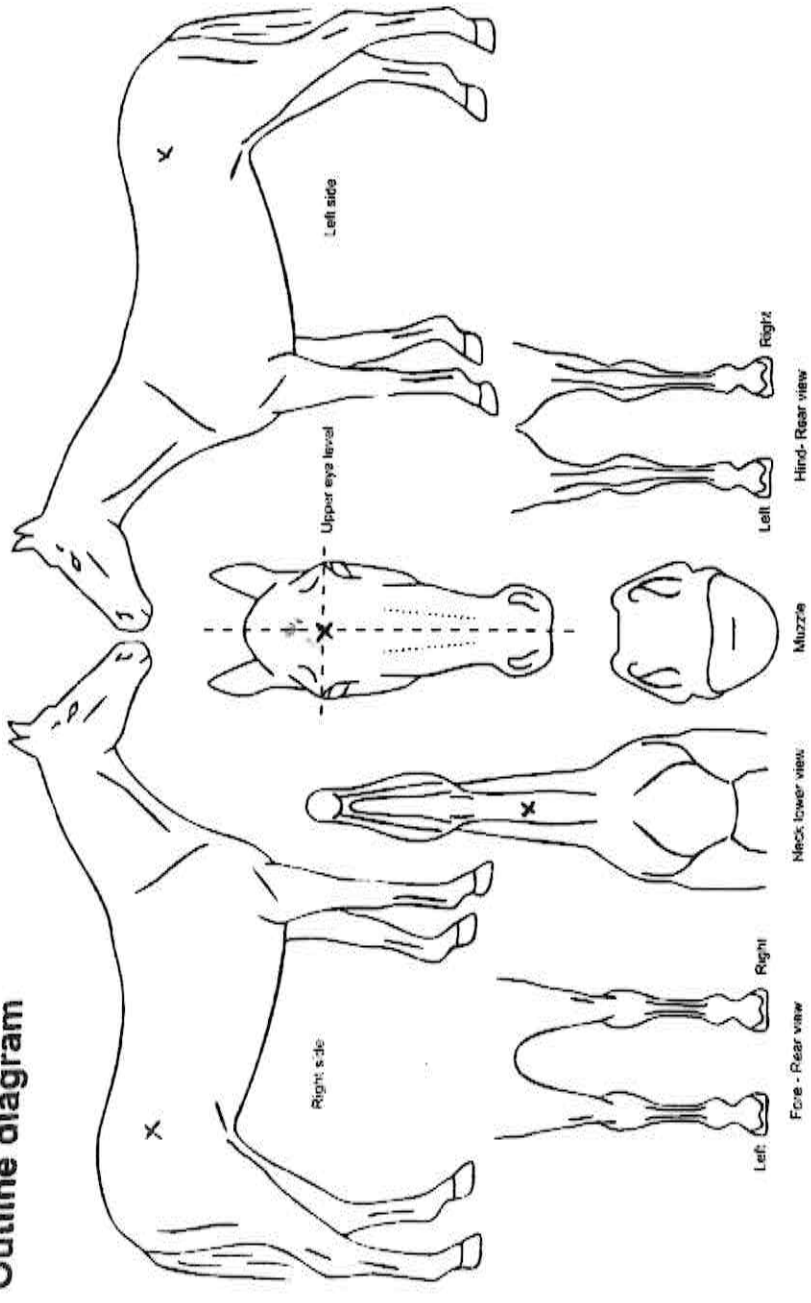
Pretoria East
Practice

26/05/2022
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
Mare	Dark Bay	04/11/2018	Rooigras Le Beaut	Rooigras Spirit Soul	Rooigras Blind Faith

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

Dr S-O Nunn

[Signature]
SIGNATURE OF VETERINARIAN

DATE 26/05/2022

PRACTICE STAMP

Pretoria East
VETERINARY
1st Floor, Block E
Voor and
Shoppers
081 702 7777
SC1915573 unasspractise@gmail.com

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAL WHOLE AT UPPER EYE LEVEL, FEW WHITE HAIR ABOVE WHOLE

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	NIL
RIGHT HIND	NIL

BODY / WHORLS
MEDIAL WHOLE ON
TEACHER

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Rooygras	Name	Aracula
Registration Number of horse	0013306956	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071 000049970	Type of implant	Micro Chip
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.


Signature

Pretoria East
Vet Practice
1st Floor, Block B
Wapadrand Shopping Centre
Pretoria
011 702 7777
sc@vetpractice.co.za
vetpractice@gmail.com

26/05/2022
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



OWNER'S DETAILS

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

HORSE DETAILS

Name of horse	Prefix	Reg. Rooigras	Name	Victoria
Registration Number of horse	0013307038	BIRTH DATE	BREED	Boerperd
RF ID Implant / Micro Chip Number	Yes / No	933071000049853	Type of implant	Micro Chip
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 the horse received the African Horse Sickness vaccinations on the date stated on this form.


Signature

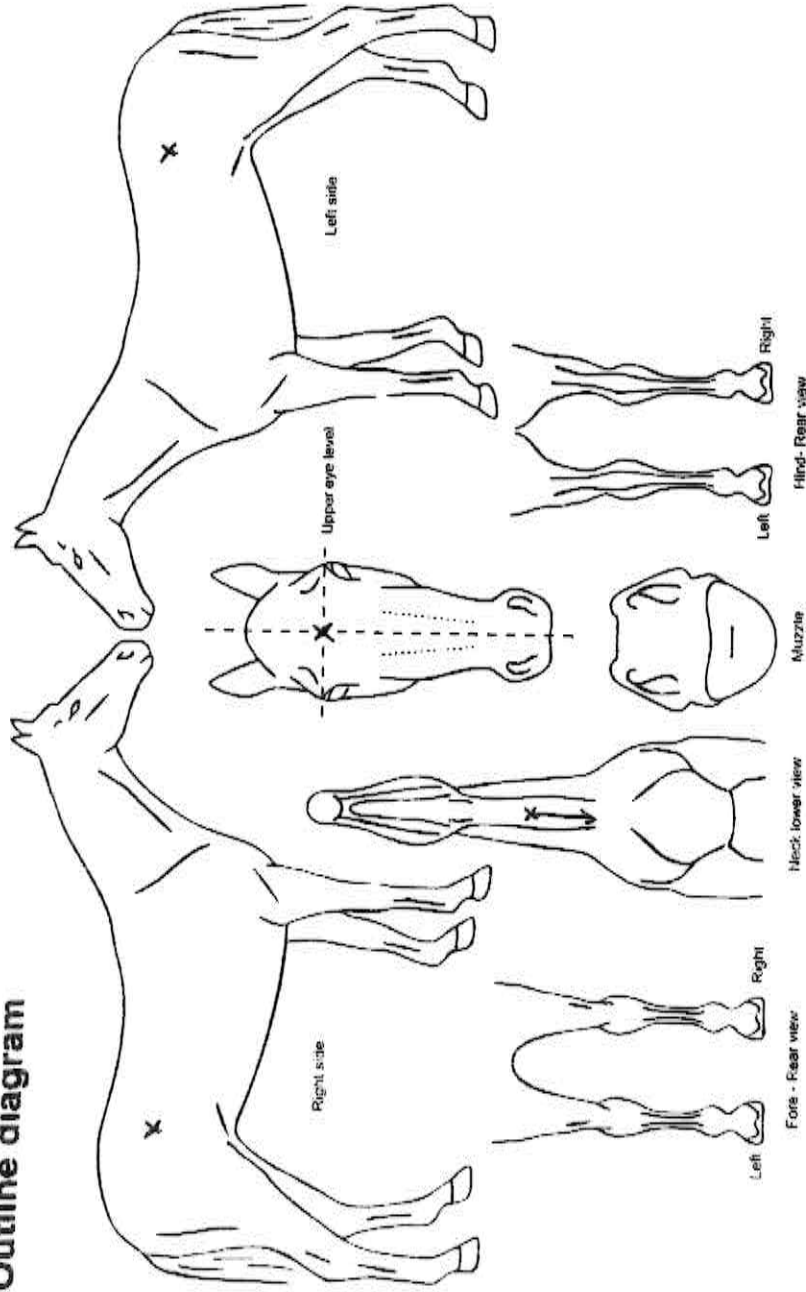
Pretoria East
Practice

26/05/2022
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
Mare	Dark Bay				Rocigras Victoria

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL AT UPPER EYE LEVEL

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	NIL
RIGHT HIND	NIL

BODY / WHORLS
MEDIAN WHORL ON
TRACHEA, FEATHERING
DOWNWARDS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr S-O Nunn

SIGNATURE OF VETERINARIAN

DATE 26/ 05/ 2022

PRACTICE STAMP

Pretoria East
VETERINARY
& REPRODUCTION
Practise
081 702 2777
SC19/15873 placevet@icloud.com