

Philna Moelich

From: Johanna <johanna@saddlebred.co.za>
Sent: 10 October 2022 06:45 PM
To: Philna Moelich
Cc: elmi@studbook.co.za
Subject: FW: Paspoorte
Attachments: Diamonds are Forever 2.pdf; Diamonds are Forever.pdf; Fire in New York.pdf; Fire in New York2.pdf; Fire Light 3.pdf; Fire Light 1.pdf; Fire Lilly 2.pdf; Fire Lilly.pdf; Lady Fire 2.pdf; Lady Fire.pdf; Morning Music.pdf; Music Dancer 1.pdf; Music Dancer 2.pdf; Royal Music 2.pdf; Royal Music.pdf

Afgehandel 17/10/2022
Gee vir Elmi soos versoek

Hi Philna

Hier is nog aansoeke wat ek hoop reg is ☺ sal jy dit asb vir my gereed kry?

Die lid is haastig hiermee so dit sal gaaf wees as ons dit direk van jul kantoor kan koerier om tyd te spaar. Ek sal koerier instruksies gee sodra ek die bewys van betaling van hulle ontvang.

Baie dankie & Vriendelike Groete
Johanna

Van: Irene van der Westhuizen <info@mountainviewstables.co.za>
Gestuur: Monday, 10 October 2022 14:18
Aan: 'Johanna' <johanna@saddlebred.co.za>
Onderwerp:

Hi Johanna
Wil net weet wanneer ek daai 14 Paspoorte gaan kry?
Mooi bly
Irene

12 volledige paspoorte
3 kort voorblad.

Philna Moelich

From: Johanna <johanna@saddlebred.co.za>
Sent: 10 October 2022 06:48 PM
To: Philna Moelich
Cc: elmi@studbook.co.za
Subject: RE: Paspoorte
Attachments: Sky Fire 2.pdf; Sky Fire.pdf; Supreme Dream.pdf; Thunder Fire 1.pdf; Thunder Fire.pdf; Touch the Fire 2.pdf; Touch the Fire.pdf; VALLEY'S MUSIC IN THE AIR.pdf; Whispering Music.pdf; Whispering Music2.pdf

Hi Philna

Hier is die res van Mountain View se paspoort aansoeke.

Ek let op dat sommige van die aansoeke nie deklaai het nie. Ek vra intussen die deklaai aan en sal dit ASAP stuur.

Dankie & Vriendelike Groete
Johanna

Van: Johanna <johanna@saddlebred.co.za>
Gestuur: Monday, 10 October 2022 18:45
Aan: Philna Moelich (philna@studbook.co.za) <philna@studbook.co.za>
Aa: elmi@studbook.co.za
Onderwerp: FW: Paspoorte

Hi Philna

Hier is nog aansoeke wat ek hoop reg is 😊 sal jy dit asb vir my gereed kry?

Die lid is haastig hiermee so dit sal gaaf wees as ons dit direk van jul kantoor kan koerier om tyd te spaar. Ek sal koerier instruksies gee sodra ek die bewys van betaling van hulle ontvang.

Baie dankie & Vriendelike Groete
Johanna

Van: Irene van der Westhuizen <info@mountainviewstablessa.co.za>
Gestuur: Monday, 10 October 2022 14:18
Aan: 'Johanna' <johanna@saddlebred.co.za>
Onderwerp:

Hi Johanna
Wil net weet wanneer ek daai 14 Paspoorte gaan kry?
Mooi bly
Irene

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPORT FARM, SUNLANDS		
	Postal code	6115	
Telephone	0835161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	QUANTUM'S DIAMONS ARE FOREVER
Registration Number of horse	50907 13364070	BIRTH DATE	04/11/2020 ✓	BREED AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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

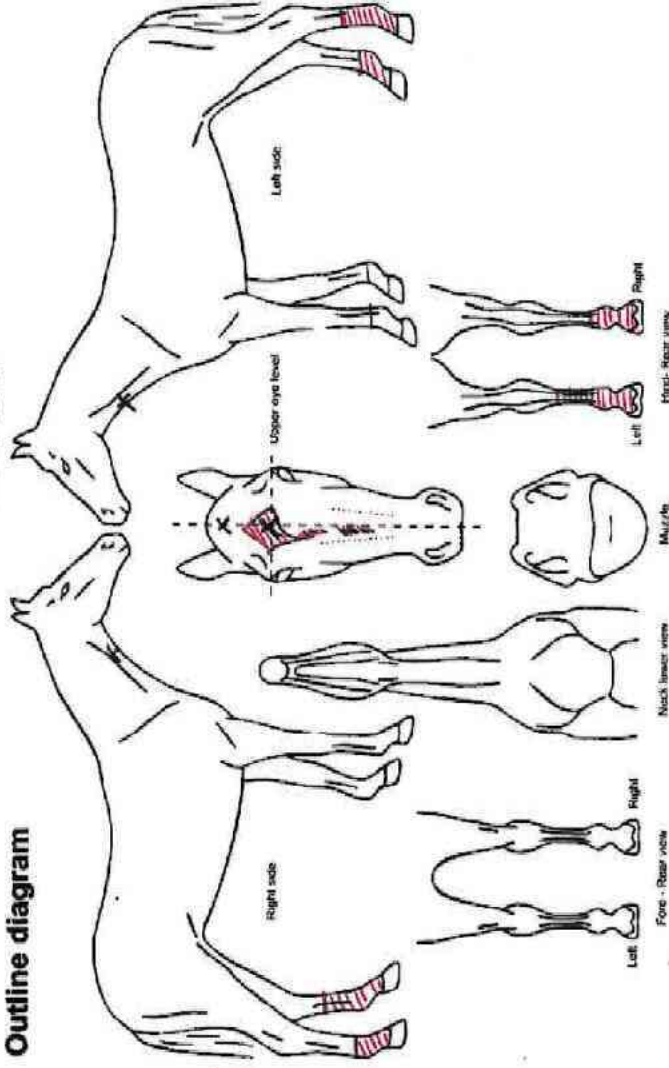
DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

13/06/2022
 Date

RETURN TO: SADDLE HORSE SOCIETY, P.O. BOX 1853 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Stubbok Building • 118 Henry Street • Westdene • Bloemfontein, 9301

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE QUANTUM OF SOLACE 2018 132917 IMP	DAM VALLEY'S LADY EVE 16367	REGISTERED NAME VALLEY'S QUANTUM'S DIAMONDS ARE MICROCHIP STICKER FOREVER N/A
MALE CHESTNUT	04/11/2020				

Outline diagram



NAME OF VETERINARIAN

Dr K YUI

SIGNATURE OF VETERINARIAN

Dr K Yui

DATE 13/06/2022

PRACTICE STAMP

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: UPPER EYE LEVEL WHORL IN IRREGULAR DIAMOND SHAPED STAR NARROW MIXED STRIPE

LEFT FORE	NTL	BODY / WHORLS
RIGHT FORE	NTL	BILATERAL MID-NECK WHORLS
LEFT HIND	WHITE HALF CANNON	
RIGHT HIND	WHITE FETLOCK	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565850		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	Info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY	Name	FIRE IN NEW YORK	
Registration Number of horse	51061 13401237	BIRTH DATE	27/11/2021	BREED	AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A	
If yes, please supply number of code	N/A				

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 KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

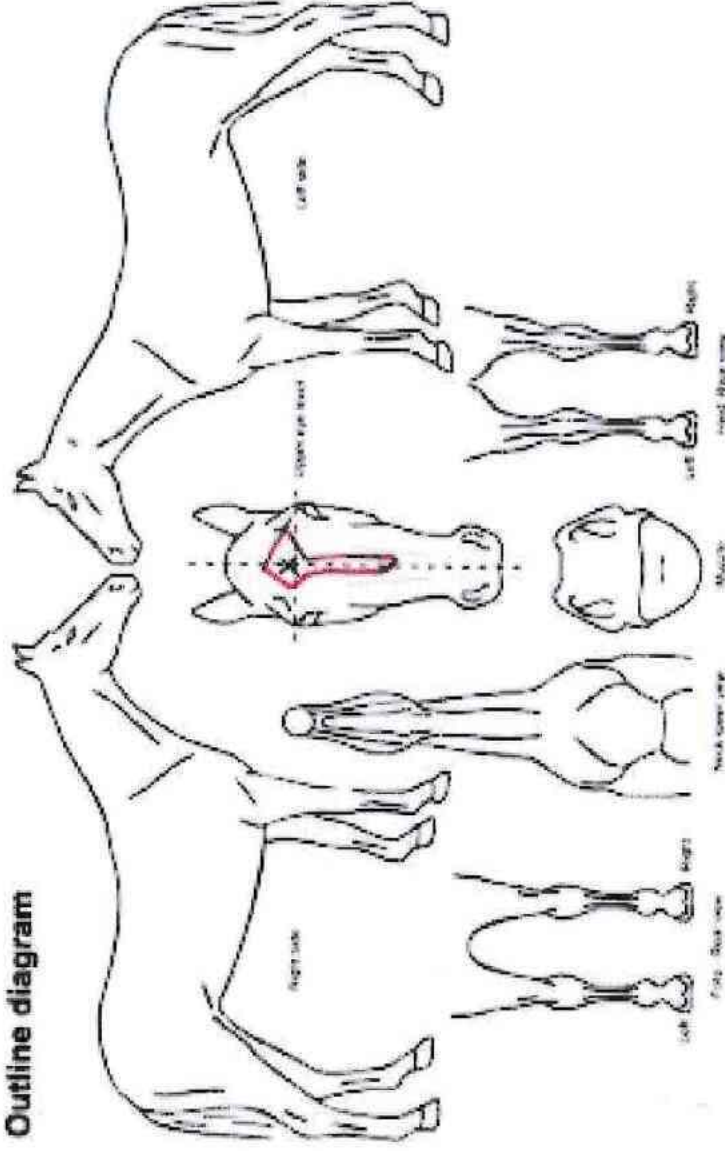
14/06/2022

Date

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

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE (VALEYS FIRE)	DAM (KAPAMAS MORNING STAR)	REGISTERED NAME (VALEYS FIRE (A) NEW YORK)
STATION CHESNUT		2/11/2024	CLOUD 3581		
					MICROCHIP STICKER N/A

Outline diagram



NAME OF VETERINARIAN
DR K YUI

SIGNATURE OF VETERINARIAN
Dr Kelly Yui

DATE 14/06/2022

PRACTICE STAMP

DR KELLY YUI
Southern Cross Veterinary Clinic
8 Sullabury Avenue, Milla Milla
Tel: 0411 372 4242

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MOLTAN ABOVE UPPER EYE LEVEL WHORL IN IRREGULAR DIAMOND SHAPED STAR CONNECTED TO A THIN STRIPE ENDING THREE QUARTERS DOWN FACE.

LEFT FORE	NIL	BODY / WHORLS
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
SAALPERD / SADDLE HORSE



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	Info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	FIRE LIGHT
Registration Number of horse	50599 13396031	BIRTH DATE 30/09/2021	BREED	AMERICAN SADDLEBRED
RF ID-Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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 KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

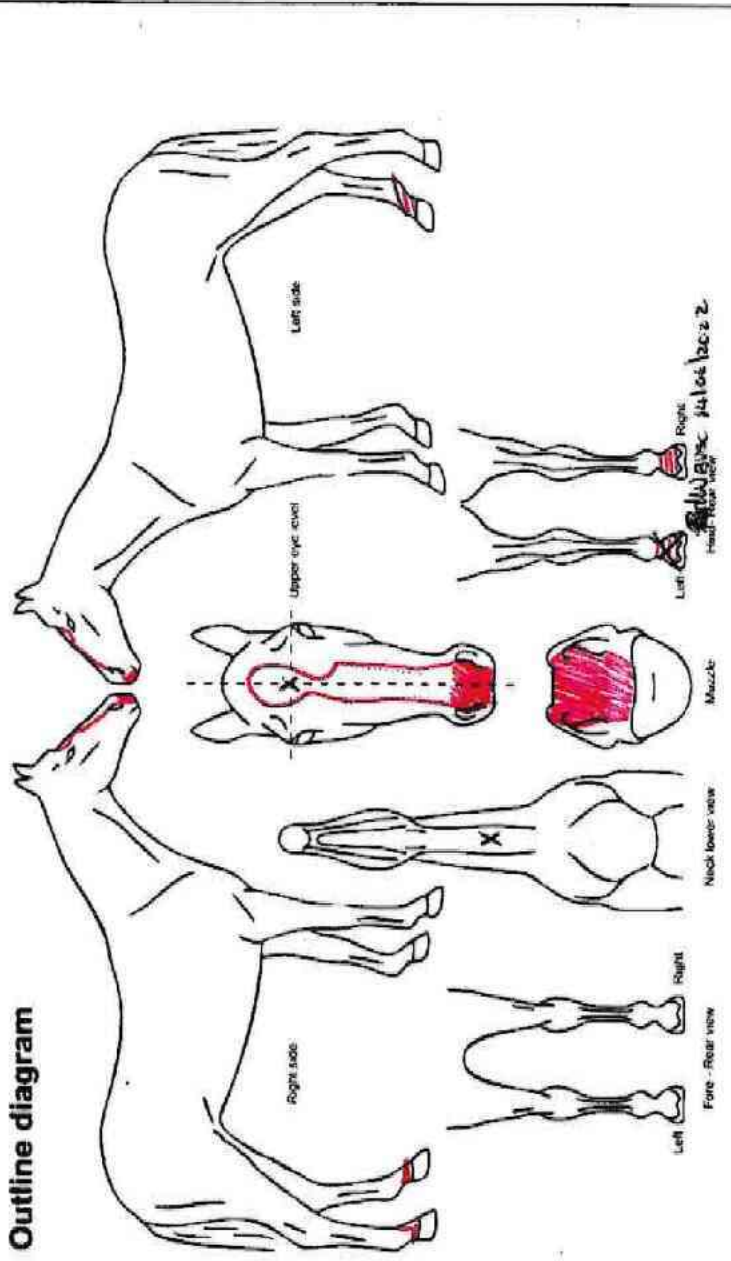
14/06/2022

Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3883 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE VALLEYS FIRE CLOUD	DAM VALLEYS RISING	REGISTERED NAME VALLEYS
STALLION	CHESNUT	30/09/2021	35819	TWILIGHT 19767	FIRE LIGHT
					MICROCHIP STICKER
					N/A

Outline diagram



NAME OF VETERINARIAN	DR F YUI
SIGNATURE OF VETERINARIAN	<i>DR F YUI</i>
DATE	14/06/2022
PRACTICE STAMP	
DR KELLY YUI Southern Cross Veterinary Clinic 8 Salisbury Avenue, MILL PARK TEL: 041 373 4243	

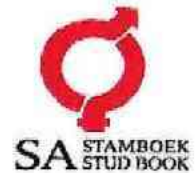
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN UPPER EYELEVEL WHORL IN A ROUND STAR CONNECTED TO A THIN STRIDE BECOMING A BROAD STRIDE
THREE QUARTERS DOWN THE FACE ENDING IN A FLESHMARK SNIP EXTENDING MEDIANLY INTO BOTH NOSTRILS

	BODY / WHORLS
LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	WHITE CORONET MEDIANLY
RIGHT HIND	WHITE PAS CORONET CRANIOLATERALLY AND WHITE PASTERNA CAUDOMEDIANLY
	VENTRAL NECK WHORL

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	FIRE LILLY
Registration Number of horse	52948 13395991	BIRTH DATE	18/09/2021	BREED AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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.

RdW vus
 Signature

DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

14/06/2022

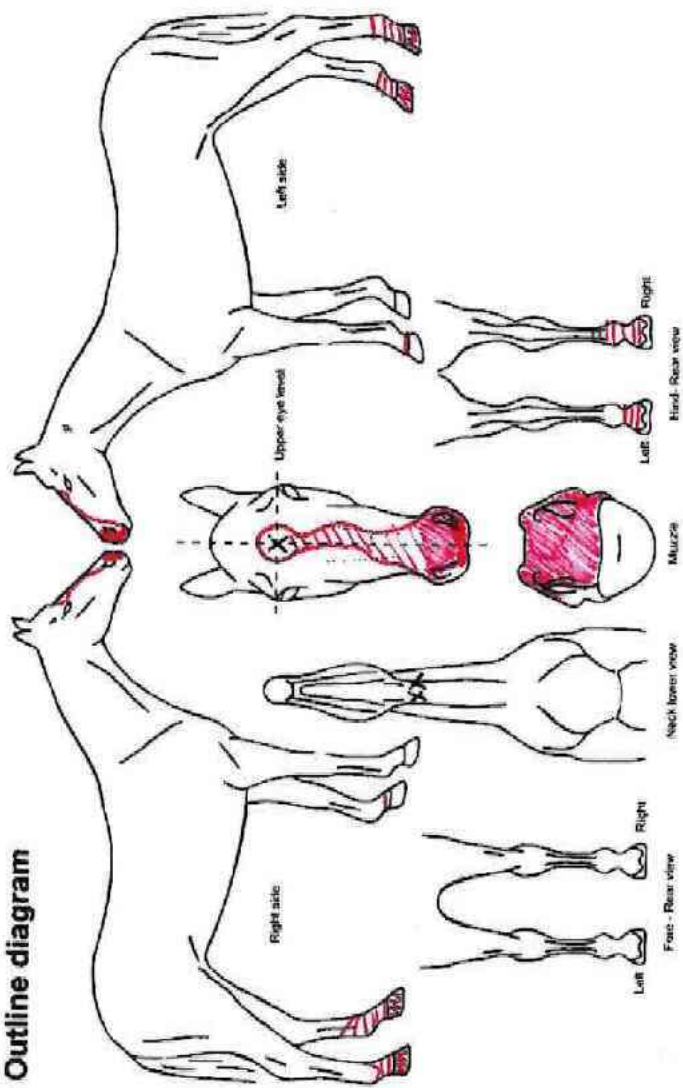
Date

RETURN TO: SADDLE HORSE SOCIETY, PO BOX 3855 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX MALE COLOUR BAI DATE OF BIRTH (DD/MM/YYYY) 18/01/2021 SIRE VALLEY'S FIRE CLOUD DAM VALLEY'S MUDCRACKING REGISTERED NAME VALLEY'S FIRE LILLY

MUSIC 37827
MICROCHIP STICKER
N/A

Outline diagram



NAME OF VETERINARIAN

DR K YUI

SIGNATURE OF VETERINARIAN

[Signature]

DATE 14/06/2022

PRACTICE STAMP

DR KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN UPPER EYE LEVEL WHORL IN ROUND STAR CONNECTED TO A STRIPE ON Lc AND BECOMING A BLAZE HALF WAY DOWN THE FACE ENDING IN A WHITE MUZZLE WITH PIGMENTED SPOT IN RE NOSTRIL

LEFT FORE	WHITE WHITE CORONNET
RIGHT FORE	NIL
LEFT HIND	WHITE WHITE FETLOCK AND WHITE HOOF
RIGHT HIND	WHITE PASTERNA LATERALLY BECOMING HALF FETLOCK CRANIO MEDIANLY WHITE HOOF

BODY / WHORLS
BILATERAL HIGH NECK WITH WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0585650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	LADY FIRE
Registration Number of horse	52988 13396049	BIRTH DATE	24/09/2021	BREED AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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.

DR Wense
 Signature

DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

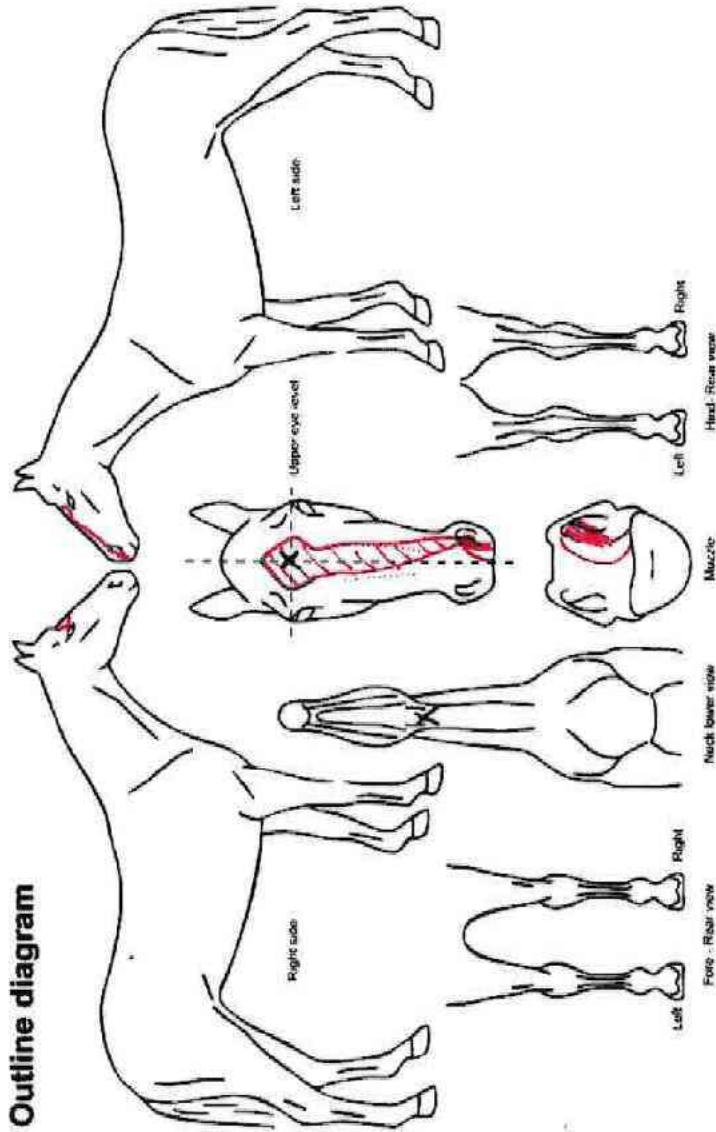
14/06/2022

Date

RETURN TO: SADDLE HORSE SOCIETY, PO BOX 3889, BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Stadsboek Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
MARE	CHESTNUT	24/09/2021	VALEY'S FIRE	DAM VALEY'S GOLDEN DREAMS 32368	VALEY'S LADY FIRE
					MICROCHIP STICKER
					N/A

Outline diagram



NAME OF VETERINARIAN

DR KELLY

SIGNATURE OF VETERINARIAN

DR KELLY

DATE 14/06/2022

PRACTICE STAMP

DR KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN UPPER EYE LEVEL WHORL IN DIAMOND SHAPED STAR CONNECTED TO A STRIPE EXTENDING TO THE MEDIAL LE NOSTRIL AND ENDING IN A FLESHMARK SNIP WHICH IS BORDERED MEDIANLY

LEFT FORE	NIL	BODY / WHORLS
RIGHT FORE	NIL	THROAT WHORL
LEFT HIND	NIL	
RIGHT HIND	NIL	

ACQUIRED / BRAND/FREEZE MARKS OR PERMANENT SCARS

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	MUSIC DANCER
Registration Number of horse	52908 133 95 884	BIRTH DATE 24/09/2021	BREED	AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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

DR KELLY YUI

Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

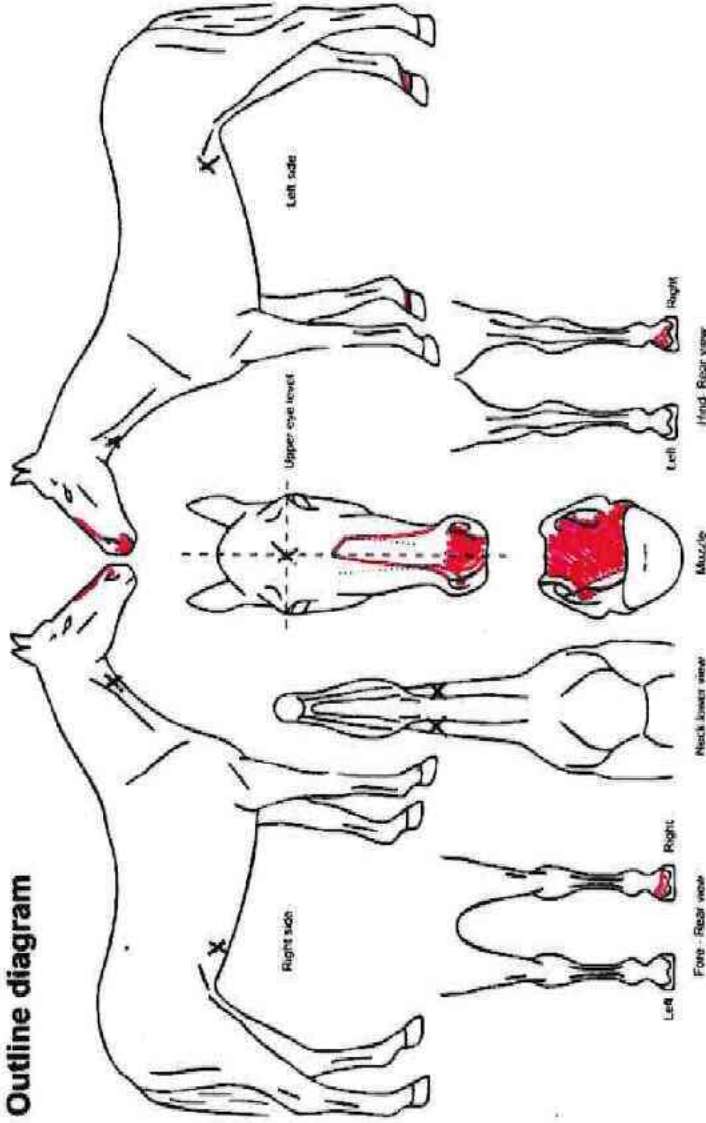
14/06/2022

Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 9897 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOR	DATE OF BIRTH (DD/MM/YYYY)	SIRE/VALLEY'S KESING	DAM/VALLEY'S GLOBETROTTER'S	REGISTERED NAME VALLEY'S
MARE	CHESTNUT	24/09/2024	MUSIC 19359	DANCING LADY (AF) 20567	MUSIC DANCER
					MICROCHIP STICKER
					N/A

Outline diagram



NAME OF VETERINARIAN

DR K YUI

SIGNATURE OF VETERINARIAN

DR K YUI

DATE 14, 06, 2022

PRACTICE STAMP

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL AT UPPER EYE LEVEL; STRIPE STARTING IN THE MIDDLE OF THE FACE AND ENDING IN A FLESHMARK SNIP INCLUDING L. NASRILL AND BORDERED AT R. NASRILL

LEFT FORE	NIL
RIGHT FORE	WHITE CORONET MEDIANLY
LEFT HIND	NIL
RIGHT HIND	WHITE CORONET CRANIAL TO WHITE PASTERON CAUDALLY ON MEDIAL SIDE

BODY / WHORLS

BILATERAL HIGH NECK

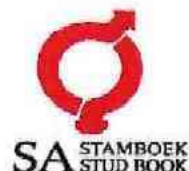
WHORLS

BILATERAL BODY WHORLS

CRANIAL TO FLANK WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0585650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	ROYAL MUSIC	
Registration Number of horse	50519 13395926	BIRTH DATE	21/09/2021	BREED	AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A	
If yes, please supply number of code	N/A				

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 KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

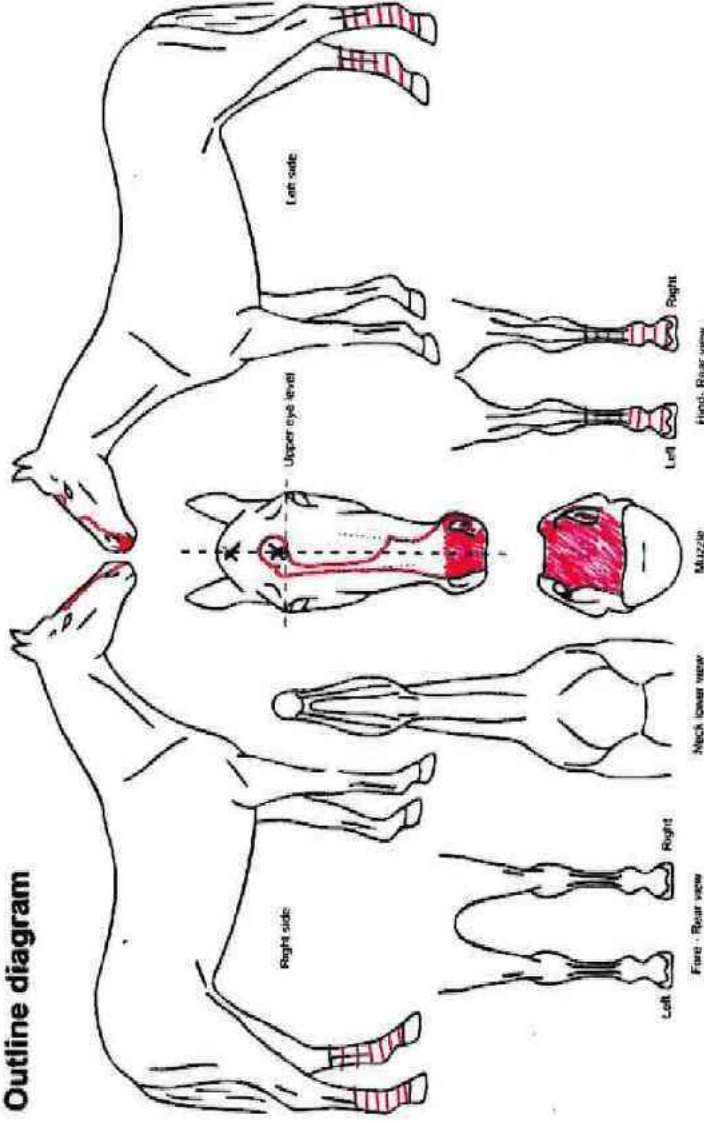
14/06/2022

Date

TEL: 041 373 4243
 RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE VALLEY'S RISING MUSIC 19359	DAM VALLEY'S CLOUDY EVE 28787	REGISTERED NAME VALLEY'S ROYAL MUSIC
STALLION	FLAXEN	21/09/2021	MUSIC 19359		

Outline diagram



NAME OF VETERINARIAN

DR K YUI

SIGNATURE OF VETERINARIAN

DATE 14/06/2022

PRACTICE STAMP

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

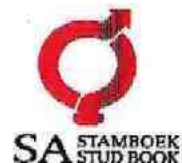
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL ABOVE UPPER EYE LEVEL WITHIN TWO DIAGONAL ROUND STARS CONNECTED TO A THIN STRIPE TO THE RE OF MEDIAN BECOMING A BROAD STRIPE TO THE MIDDLE OF FACE, ENDING IN FLESHMARK SNAP INCLUDING LE NOSE RILL

LEFT FORE	NIL	BODY / WHORLS
RIGHT FORE	NIL	
LEFT HIND	WHITE THREE QUARTER CANNON MEDIANLY AND HALE LATERALLY	
RIGHT HIND	WHITE THREE QUARTER CANNON	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	8115	
Telephone	0836161294	E-mail	info@mountainviewstables.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY	Name	SKY FIRE
Registration Number of horse	51039	BIRTH DATE	20/11/2021	BREED
	13401294			AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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.

Blw Buse
 Signature

DR KELLY YU
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK
 TEL: 041 373 4243

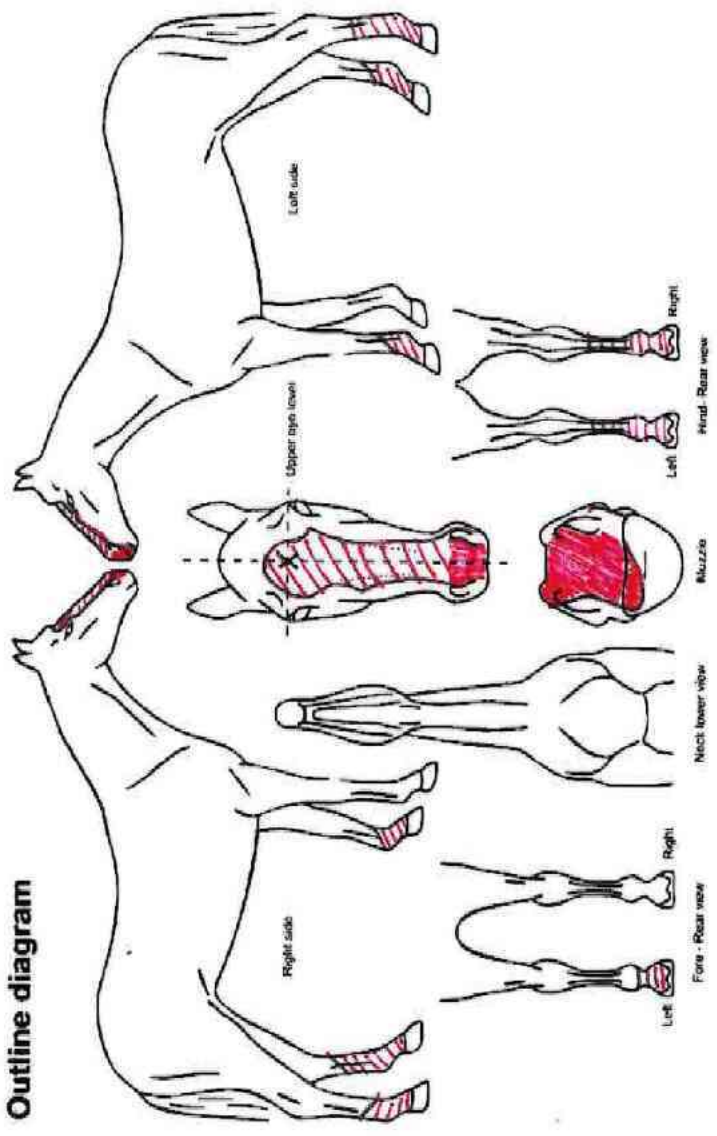
14/06/2022

Date

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

SEX	COLOUR	DATE OF BIRTH	SIRE	DAM	REGISTERED NAME
STALLION	CHESTNUT	20/11/2021	CLOUD 35819	VALLEY'S LADY EVE	VALLEY'S SKY FIRE
					MICROCHIP STICKER
					N/A

Outline diagram



NAME OF VETERINARIAN	DATE	PRACTICE STAMP
DR K YUI	13/06/2022	
SIGNATURE OF VETERINARIAN		
DR KELLY YUI		
Southern Cross Veterinary Clinic		
8 Salisbury Avenue, MILL PARK		
Tel: 0114 777 575		

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL AT UPPER EYE LEVEL. LARGE STAR AND CONNECTED BLAZE ENDING IN FLESHMARK SNIP TOUCHING Rt NOSTRIL AND INCLUDING Lt NOSTRIL. FLESHMARK ON LOWER LIP

	BODY / WHORLS
LEFT FORE	WHITE QUARTER CANNON CRANIALLY TO FETLOCK CAUDALLY
RIGHT FORE	NIL
LEFT HIND	WHITE HALF CANNON
RIGHT HIND	WHITE QUARTER CANNON CRANIALLY TO HALF CANNON CAUDALLY

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	THUNDER FIRE	
Registration Number of horse	50639 13396056	BIRTH DATE	24/09/2021	BREED	AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A	
If yes, please supply number of code	N/A				

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

DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK

14/06/2022

Date

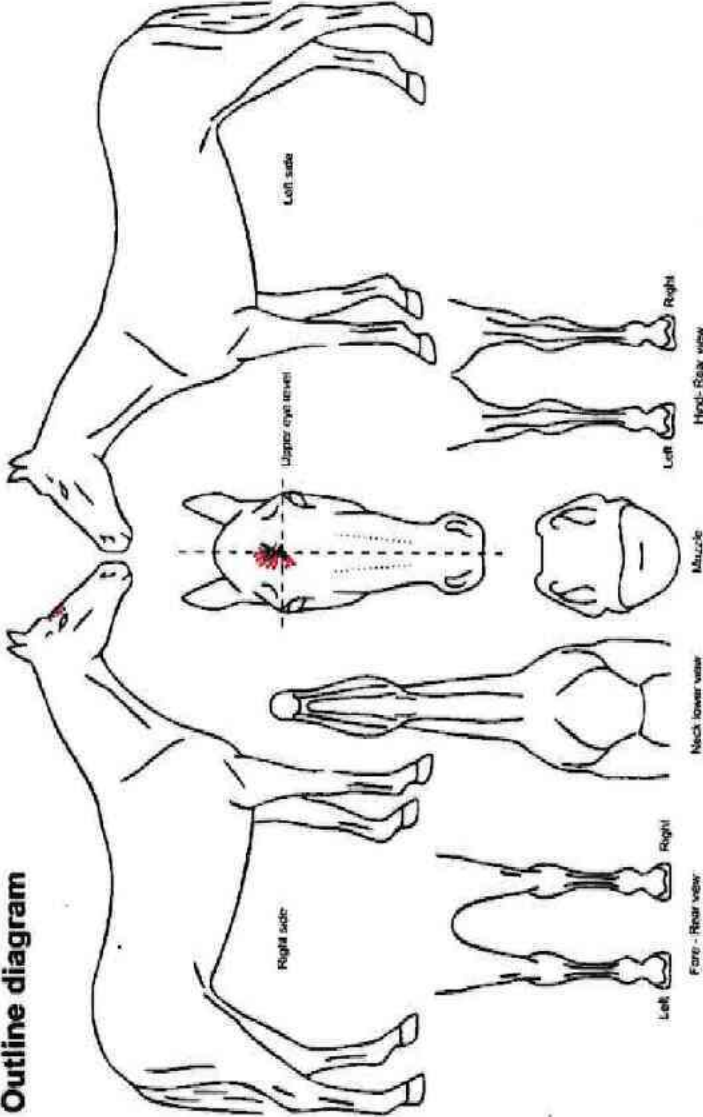
RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3683 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX STALLION COLOUR CHAGNANT DATE OF BIRTH (DD/MM/YYYY) 24/01/2021 SIRE VALLEY'S FIRE CLOUD DAM VALLEY'S GLOBETROTTER REGISTERED NAME VALLEY'S THUNDER FIRE LAOYLAI/20027

MICROCHIP STICKER

N/A

Outline diagram



NAME OF VETERINARIAN

DR K YUI

SIGNATURE OF VETERINARIAN

[Signature]

DATE 14/06/2022

PRACTICE STAMP

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

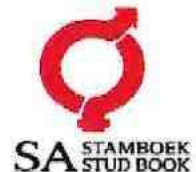
HEAD: MEDIAN ABOVE UPPER EYE LEVEL WHORL IN MIXED CRESCENT SHAPED STAR

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

BODY / WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLAND		
		Postal code	6115
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	TOUCH THE FIRE
Registration Number of horse	50579 133 95 983	BIRTH DATE	27/09/2021	BREED AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

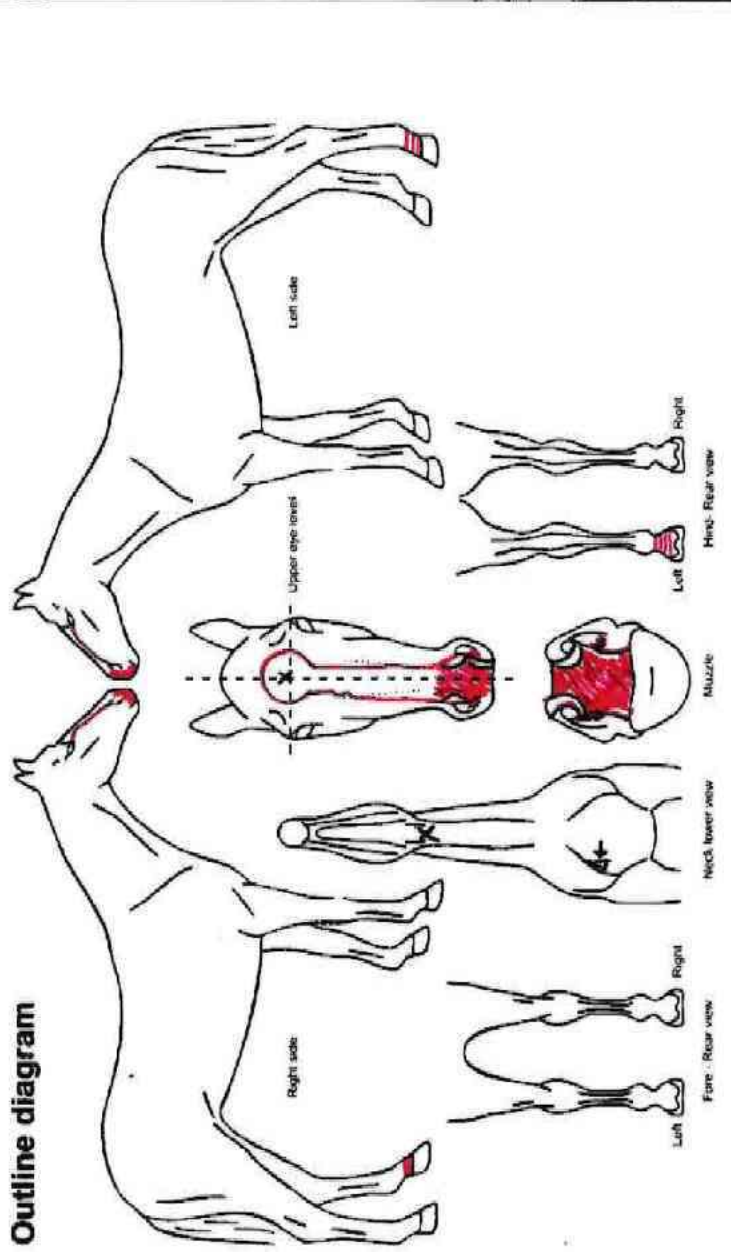
14/06/2022

Date

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

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE VALLEY'S FIRE CLOUD	DAM VENNEL CARRA-MELLE	REGISTERED NAME VALLEY'S
STALLION	CHESTNUT	27/09/2024	35819	13551	TOUCH THE FIRE
					MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN	DATE	SIGNATURE OF VETERINARIAN
DR K YUI	14/06/2022	[Signature]
PRACTICE STAMP		
DR KELLY YUI Southern Cross Veterinary Clinic 8 Salisbury Avenue, MILL PARK TEL: 041 373 4243		

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL ABOVE UPPER EYE LEVEL IN A ROUND STAR, CONNECTED TO A BROAD STRIPE, ENDING IN A BOARDED FLESHMARK SNIP EXTENDING INTO BOTH NOSTRILS

LEFT FORE	NIL	BODY / WHORLS
RIGHT FORE	NIL	THROAT WHORL
LEFT HIND	WHITE PASTER	
RIGHT HIND	NIL	

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) SCAR AT Rt PECTORAL MUSCLE

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565550		
Address of owner	KLEIN ROOIPPOORT FARM, SUNLANDS		
	Postal code	6115	
Telephone	083616294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	WHISPERING MUSIC
Registration Number of horse	52909 13395892	BIRTH DATE	11/09/2021	BREED AMERICAN SADDLEBREED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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

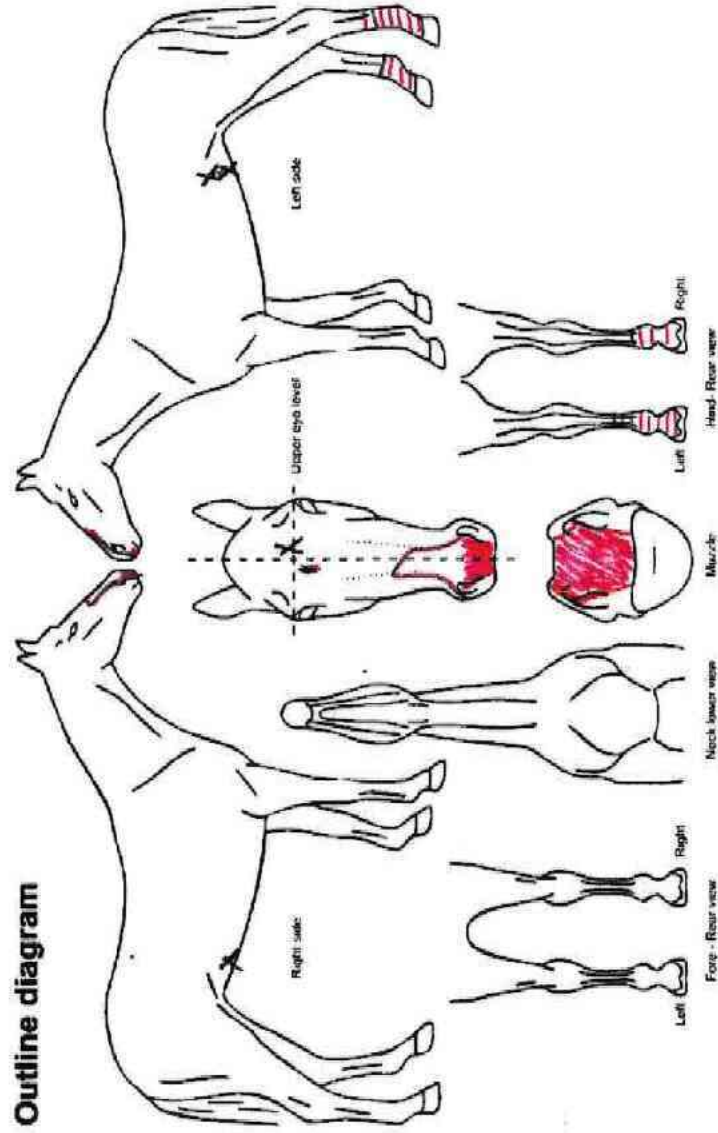
DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK
 TEL: 041 373 4243

13/06/2022
 Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3833 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 115 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH	(DD/MM/YYYY)	SIRE VALLEYS RISING	DAM VALLEYS LADY CLOUD	REGISTERED NAME VALLEYS
MAKE	CHESTNUT	11/09/2021		MUSIC 19359	37829	WHISPERING MUSIC
						MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN
DR K YUI

SIGNATURE OF VETERINARIAN
[Signature]

DATE 13/06/2022

PRACTICE STAMP

DR KELLY YUI
 Southern Cross Veterinary Clinic
 8 Salisbury Avenue, MILL PARK
 TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: UPPER EYE LEVEL WHORL TO LT OF MEDIAN WITH MIXED STAR TO RT MEDIAN BLAZE BELOW
 MIDDLE OF FACE ENDING IN FLESHMARK SNIP EXTENDING INTO RT NOSTRIL

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	WHITE QUARTER CANNON
RIGHT HIND	WHITE FETLOCK

BODY / WHORLS
 RE-VENTRAL ABDOMEN
 WHORL CRANIAL TO FLANK FOLD
 LT - TWO VERTICAL WHORLS
 AT VENTRAL ABDOMEN
 CRANIAL TO FLANK FOLD

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLANDS		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablessa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	VALLEY'S MUSIC IN THE AIR
Registration Number of horse	50047 13363395	BIRTH DATE	29/10/2020	BREED AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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.

Red Wase
Signature

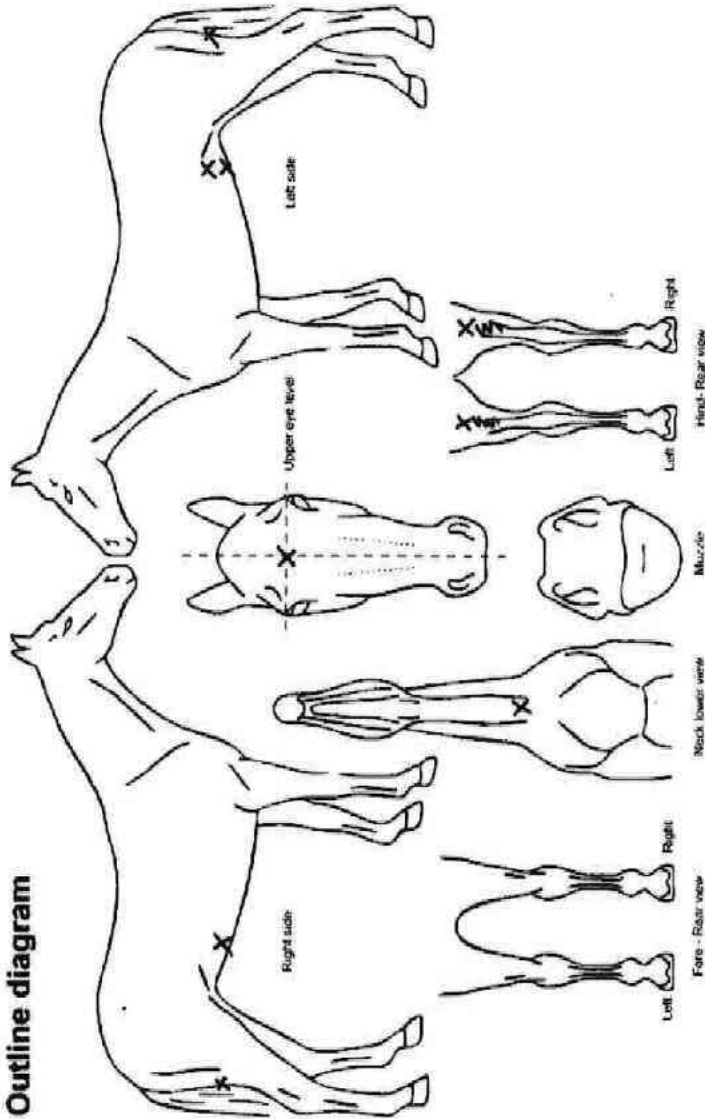
DR KELLY YUI
Prat Cross Veterinary Clinic
y Avenue, MILL PARK
041 873 4243

13/06/2022
Date

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

SEX MALE COLOUR CHESTNUT DATE OF BIRTH (DD/MM/YYYY) 29/10/2020 SIRE VALLEY'S RISING MUSIC 19359 DAM VALLEY'S FLOATING ON AIR 34767 REGISTERED NAME VALLEY'S VALLEY'S MUSIC IN THE AIR MICROCHIP STICKER N/A

Outline diagram



NAME OF VETERINARIAN

Dr K YUI

SIGNATURE OF VETERINARIAN

Dr K YUI

DATE 13 / 06 / 2022

PRACTICE STAMP

DR KELLY YUI

Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL AT UPPER EYE LEVEL

LEFT FORE	<u>NIL</u>
RIGHT FORE	<u>NIL</u>
LEFT HIND	<u>BUTTOCK WHORL WITH VENTRAL FEATHERING</u>
RIGHT HIND	<u>BUTTOCK WHORL WITH VENTRAL FEATHERING</u>

BODY / WHORLS

- VENTRAL NECK WHORL
- RE - WHORL CRANIAL
- AND VENTRAL TO FLANK FOL
- LE - WHORL CRANIAL TO
- FLANK FOLD AND ONE
- VENTRAL TO IT.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0565650		
Address of owner	KLEIN ROOIPOORT FARM, SUNLANDS		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstablesa.co.za
Fax	N/A		

HORSE DETAILS

Name of horse	Prefix	VALLEY'S	Name	MORNING MUSIC
Registration Number of horse	50048 13363403	BIRTH DATE	11/11/2020	BREED
				AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A
If yes, please supply number of code	N/A			

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.

RLW Bisc
Signature

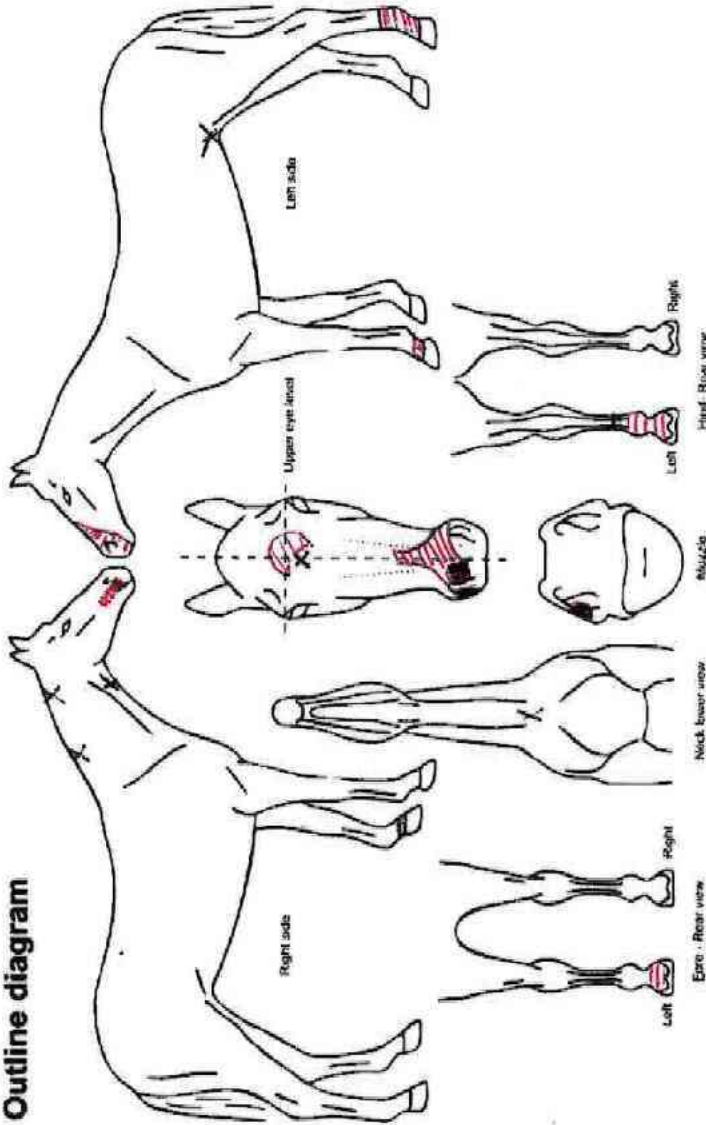
DR KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

13/06/2022
Date

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

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	VALLEY'S RISING	DAM	LALARAMAS MORNING	REGISTERED NAME	VALLEY'S MORNING MUSIC
MARE	CHESTNUT	11/11/2020	MUSIC	19359	STAR	16447 144879 IMP	MICROCHIP STICKER	N/A

Outline diagram



NAME OF VETERINARIAN

Dr K YUI

SIGNATURE OF VETERINARIAN

Dr K Yui

DATE 13/06/2022

PRACTICE STAMP

DR KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN EYE LEVEL WHORL VENTRAL TO CRESCENT-SHAPED STAR LARGE SNIP STARTING AT DISTAL THIRD OF NASAL BONE ENDING IN A BORDERED FLESHMARK AT RT NOSTRIL. DIAMOND SHAPED INDISTINCTLY BORDERED FLESHMARK BELOW RT NOSTRIL AND TOUCHING RT WATER LEP

LEFT FORE WHITE CORONET

RIGHT FORE NIL

LEFT HIND WHITE QUARTER CANNON

RIGHT HIND NIL

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

POSTERIOR AND TOUCHING RT *Dr K Yui*

BODY WHORLS

- HIGH CREST WHORL
- MID-LOW CREST WHORL
- HIGH NECK WHORL NEAR JUGULAR GROOVE
- VENTRAL NECK WHORL
- LT FLANK WHORL

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



OWNER'S DETAILS

Name of owner	MOUNTAIN VIEW STABLES		
ID number	IRENE VD WESTHUIZEN 6703241051087		
Member number	0585850		
Address of owner	KLEIN ROOIPOORT FARM, SUNLANDS		
	Postal code	6115	
Telephone	0836161294	E-mail	info@mountainviewstables.co.za
Fax	N/A		

HORSE DETAILS

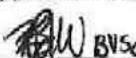
Name of horse	Prefix	VALLEY'S	Name	SUPREME DREAM	
Registration Number of horse	47478 13363387	BIRTH DATE	03/11/2020	BREED	AMERICAN SADDLEBRED
RF ID Implant / Micro Chip Number	Yes / No	NO	Type of implant	N/A	
If yes, please supply number of code	N/A				

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

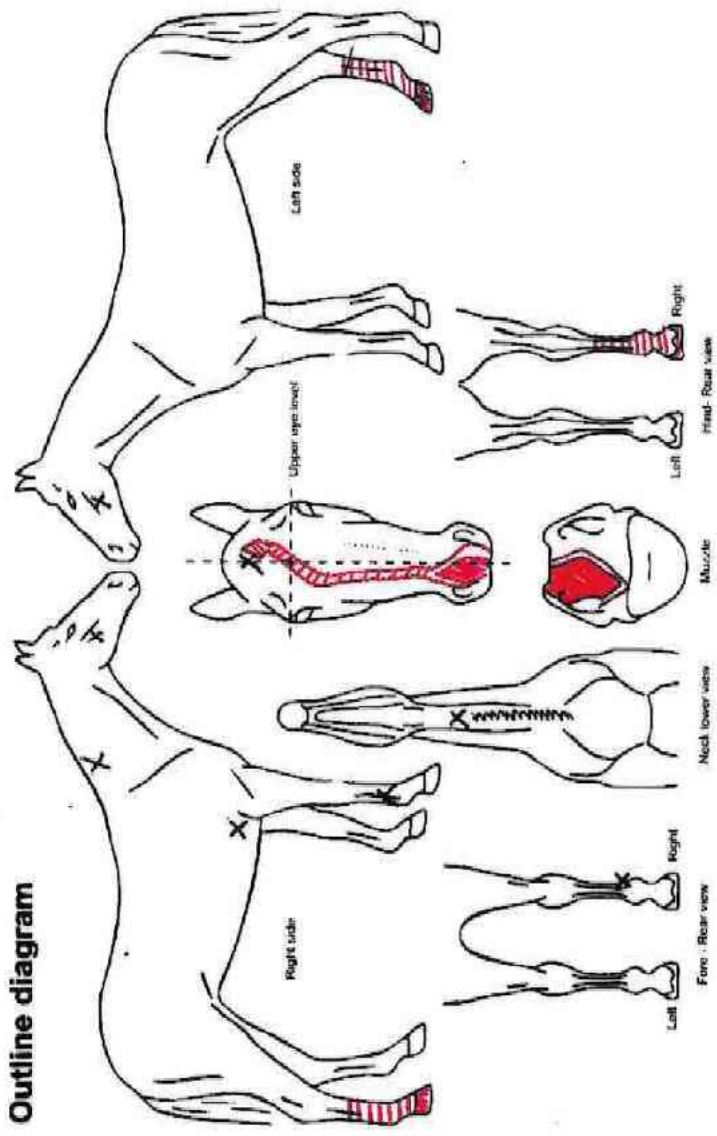
DR KELLY YUI
Southern Cross Veterinary Clinic
8 Salisbury Avenue, MILL PARK
TEL: 041 373 4243

13/06/2022
Date

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

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE LEKERTY RARE	DAM VALLEY'S CLOUD OF DREAMS 32367	REGISTERED NAME VALLEY'S SUPREME DREAM
STALLION CHESTNUT		03/11/2020	SUPREME 11752	DREAMS 32367	MICROCHIP STICKER N/A

Outline diagram



NAME OF VETERINARIAN	DATE	SIGNATURE OF VETERINARIAN	PRACTICE STAMP
DR K YUE	13/06/2022	BLW BISC	DR KELLY YUI Southern Cross Veterinary Clinic 8 Salisbury Avenue, MILL PARK TEL: 041 373 4243

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL ABOVE EYE LEVEL TO RT OF DIAMOND SHAPED STAR AND CONNECTED STRIFE ENDING IN FLESHMARK SNIP AT RT NOSTRIL. BILATERAL CHEEK WHORLS

LEFT FORE	NIL
RIGHT FORE	CAUDO-LATERAL FETLOCK WHORL
LEFT HIND	NIL
RIGHT HIND	WHITE HALF CANNON AND WHITE HOOF

- BODY WHORLS
- VENTRAL NECK WHORL WITH VENTRAL FEATHERING TO MID CHEST
 - GIRTH WHORL ON RT
 - MID-LOW CREST WHORL

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)