

Philna Moelich

From: Johanna <Johanna@saddlebred.co.za>
Sent: 20 October 2022 11:01 AM
To: Philna Moelich
Subject: Fw: nobel,paspoort aansoeke
Attachments: CCF_000257(3).pdf; CCF_000256(3).pdf; CCF_000255(3).pdf; CCF_000254(3).pdf; CCF_000253(3).pdf; CCF_000252(3).pdf; CCF_000251(3).pdf; CCF_000250(3).pdf; CCF_000249(3).pdf; CCF_000248(3).pdf; CCF_000247(3).pdf; CCF_000258(3).pdf

Hallo Philna

Hier is paspoort aansoeke waarmee jy asb. Kan begin.

Hierdie moet na my toe kom asb.

Baie dankie en groete
Johanna

*Nat vir Elmi
25/10/2022.*

Sent from my Galaxy

----- Original message -----

From: Anja Keulder <anjakeulder@yahoo.com>
Date: 2022/10/20 09:37 (GMT+02:00)
To: Johanna <johanna@saddlebred.co.za>
Subject: Fw: nobel,paspoort aansoeke

More Johanna

Ek vertrou dat dit goed gaan met jou.

Vind asseblief aangeheg paspoort aansoeke vir Noble.

Die Order nommer vir de transaksie sal - PO 0000224 wees.

Vriendlike groete

Anja King

Stable Manager

Noble Equestrian Stables

anjakeulder@yahoo.com

083 647 7576

----- Forwarded Message -----

From: Parys Dierehospitaal <vet@parys.co.za>

To: "daleen@studbook.co.za" <daleen@studbook.co.za>; "saddle@studbook.co.za" <saddle@studbook.co.za>

Cc: "anjakeulder@yahoo.com" <anjakeulder@yahoo.com>

Sent: Thursday, October 20, 2022 at 09:07:34 AM GMT+2

Subject: nobel,paspoort aansoeke



Parys Dierehospitaal

CK 99/09843/23 BTW No. 4580183061 Praktyk No FCC99/0093

Tel: (056) 811-2114

Fax: (056) 811-2113

Cell: 082 492 3116

E-mail: vet@parys.co.za

www.parysvet.co.za

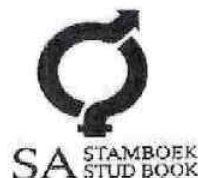
Dr. Johan Wessels (B.Sc. (agric), B.V.Sc.)

Dr. Brigitta Wessels (B.V.Sc.)

Dr. Lelané J.v. Vuuren (B.Sc. (vet.biol), B.V.Sc.).

A
P
P
9

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables.		
ID number			
Member number	0605203		
Address of owner	Farm Daskop Parys 1103		
	Postal code	9586	
Telephone	E-mail	arja.keulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Cloverleaf	Name	Nite Flight
Registration Number of horse	15813	BIRTH DATE	03/01/2009	BREED
	12764874			A-Saddler
RF ID Implant / Micro Chip Number	Yes / No		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
03/06/2021	ProtecFluTe L487821	Dr. Brigitta Wessels.
10/06/2022	ProtecFluTe L498228	" "
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
24/06/2021	AHS I 151 A.	" "
03/06/2021	AHS II 279 C.	" "

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

10/10/2022 ANS II PARYS DIEREHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc
 Allenbystr 1494 PARYS 9586
 Practice parys.co.za
 ☎ 056 811 2114 • 082 492 3115

N
 10/10/2022
 Date

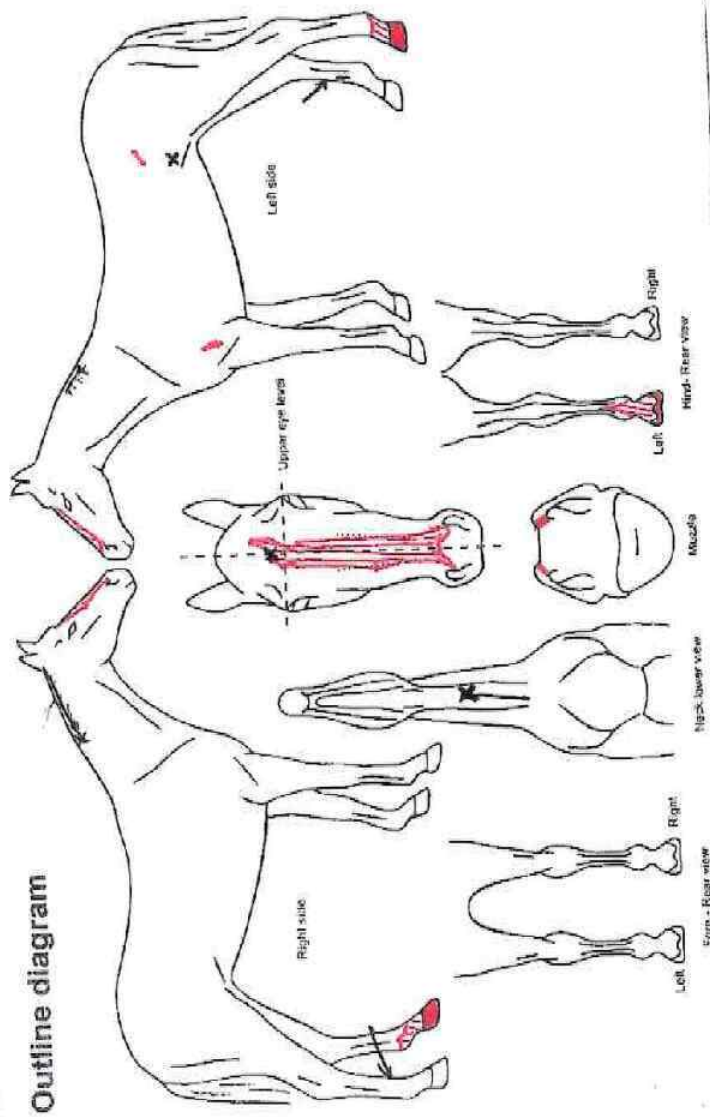
RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 - BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM
F	CHESTNUT	03/01/2009	Captain Denmark	Nite Time

REGD. NAME
Nite Flight

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Dr. Johan Wessels

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
Drs J & B Wessels B.V.Sc
Allenbystr 1494 PARYS 9585
t: +31 (0) 20 492 3114
e: info@parys.co.za

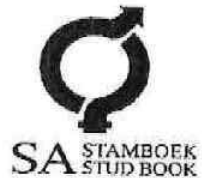
WRITTEN DESCRIPTION OF MARKINGS:
HEAD: MEDIAN WHORL ABOVE UPPER EYE LEVEL BORDERING STAR MID TO LEFT OF FOREHEAD CONNECTED TO STRIPE ENDING AND TOUCHING
UPPER NOSTRILS

BODY WHORLS
RIGHT ANTERIOR WHORL FEATHERY
TO PAWL LEFT FEATHERED LOW
CREST WHORL-LINEAR VENTRAL
NECK WHORL-LEFT FLANK WHORL
LEFT WHITE MARK IN FRONT OF
THIGH AND LOWER SHOULDER

LEFT FORE	<u>NIL</u>
RIGHT FORE	<u>NIL</u>
LEFT HIND	<u>WHITE FETLOCK UNPIGMENTED HOOF</u>
RIGHT HIND	<u>NIL (SCAR MEDIAL LOWER CANNON.)</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) SCAR MEDIAL LOWER CANNON ON RIGHT HIND

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103		
	Postal code	9585	
Telephone	E-mail	anjakeulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	SAAI	Name	Perfume & Jive
Registration Number of horse	15858 12754651	BIRTH DATE	28/11/2009	BREED
				A-Saddler
RF ID Implant / Micro Chip Number	Yes / No		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
03/06/2021	ProteqFluTe L487881	Dr. Brigitta Wassels
10/06/2022	ProteqFlue L498228	" "
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
03/06/2021	AHS II 279 C	" "
24/06/2021	AHS I 151 A	" "

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

10/10/2022 ANSA 1284A

 Signature
 PARYS DIEREHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc.
 Alleenhst. 1494 PARYS 9585
 Practice
 vet@parys.co.za
 ☎ 056 811 2114 • 082 492 3116

11
 10/10/2022
 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 (DDMM/YYYY)	SIRE	DAM
F	CHESTNUT	28/11/2009	MR Mojive	Spring-fever Poor Pot sy
Perfume & Jive.				

Outline diagram

MICROCHIP STICKER

NAME OF VETERINARIAN
DR. JOHAN WESSELS

SIGNATURE OF VETERINARIAN
[Signature]

DATE 10/10/2022

PRACTICE STAMP
PARYS DIEREHOSPITAAL BK
Drs. J & B Wessels B.V. Sc
Altenbysir 1491 PARYS 9585
vet@parys.co.za
056 811 2114 • 082 492 3116

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHORL ABOVE UPPER EYE LEVEL IN STAR CONNECTED TO STRIPE ENDING IN BORDERED FLESH MARK SNIP BETWEEN NOSTRILS. NARROW FLESH MARK UPPER LIP. FLESH MARK LOWER LIP.

LEFT FORE	<u>NIL</u>
RIGHT FORE	<u>FEW WHITE SPOTS LOWER CANNON AND FETLOCK.</u>
LEFT HIND	<u>FETLOCK MEDIAL AND CORONET LATERALLY. STRIPED HOOF</u>
RIGHT HIND	<u>NIL</u>

BODY WHORLS

DAPPLE MARKINGS - ABDOMEN
FORELEGS AND LESER ON HIND
FEES. RIGHT LINEAR MIDCROT
WHORL FEATHERING UPWARDS TO P.M.C.
LEFT COLL WHORL MEDIAN LINEAR
LOWER TERNAL WHORL
GLUTEAL ABDOMINAL WHORL
WHITE SPOT RIGHT UPPER CUL AD.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103	Postal code	9585
Telephone		E-mail	onjakeulder@yahoo.com
Fax			

SB 9120

HORSE DETAILS

Name of horse	Prefix	Noble	Name	French Essence
Registration Number of horse	54328 133 94 259	BIRTH DATE 03/11/2021	BREED	A. Saddler.
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proteq Flu L495216	Dr. B. Wessels BSc
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	AHS II 1284 A	Dr. B. Wessels BSc

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

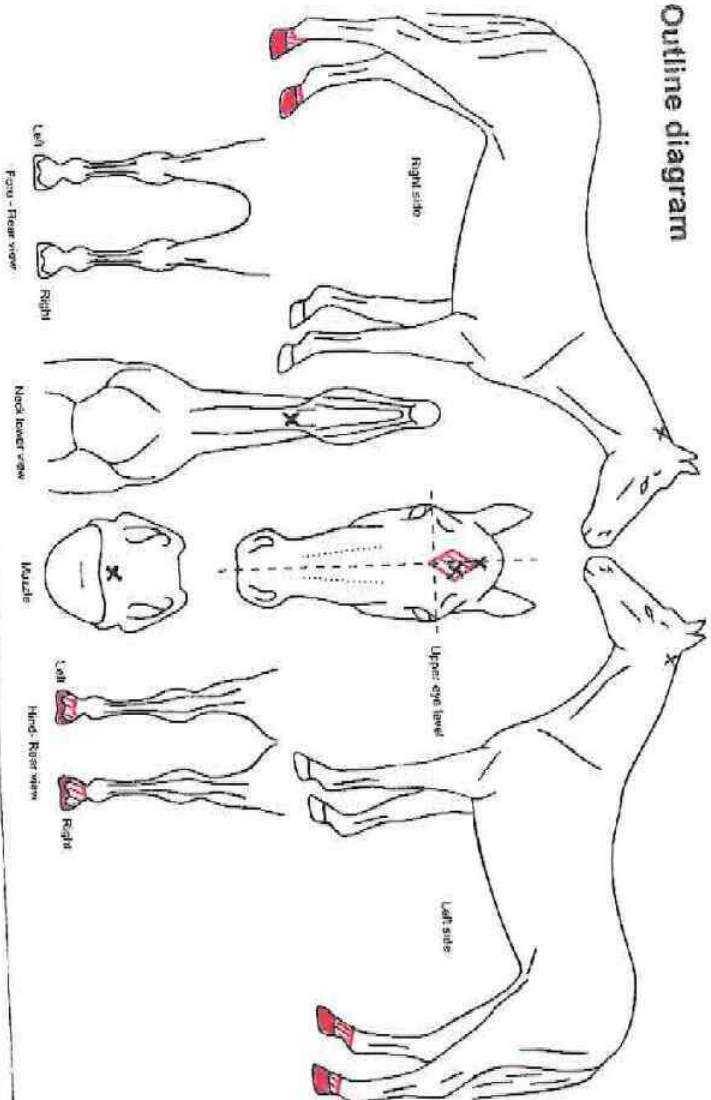
PARYS DIEREHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc
 Allenbystr 1494 PARYS 9585
 vet@parys.co.za
 ☎ 056 811 2114 • 082 492 3116

10/10/2022
 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	U/V
F	CHESTNUT	03/11/2021	French Victory	The General's Lady
			French essence.	

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: FORELOCK WHORL. WHORL TO LEFT OF MEDIAN ARSCLE UPPER EYE LEVEL IN DIAMOND SHAPED STAR.
MEDIAN UPPER LIP WHORL.

LEFT FORE	NIL
RIGHT FORE	NIL
LEFT HIND	WHITE CORONET. UNPIGMENTED HOOF.
RIGHT HIND	WHITE CORONET LATERAL TO POSTERIOR MEDIAL. UNPIGMENTED HOOF.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Johan Wessels

SIGNATURE OF VETERINARIAN

DATE 10/10/2022

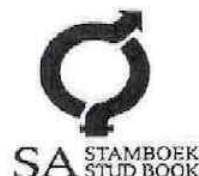
PRACTICE STAMP

PARYS DIERHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc
 Alenbystr 1494 PARYS 9580
 t: 056 211 2114 • 082 492 3116

BODY / WHORLS

ALYATRAL POOL WHORL.
THROAT WHORL.

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103		
	Postal code	9585	
Telephone	E-mail	anja.keulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	EL - Toro
Registration Number of horse	50983 133914036	BIRTH DATE	30/10/2021	BREED Male A. Saddler.
RF ID Implant / Micro Chip Number	Yes / No		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
11/09/22	Proteq Flu L495216	Dr. J. Wessels
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	AHS II 1284A	Dr. J. Wessels

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

PARYS DIERHOSPITAAL BK
Drs. J & B Wessels B.V.Sc

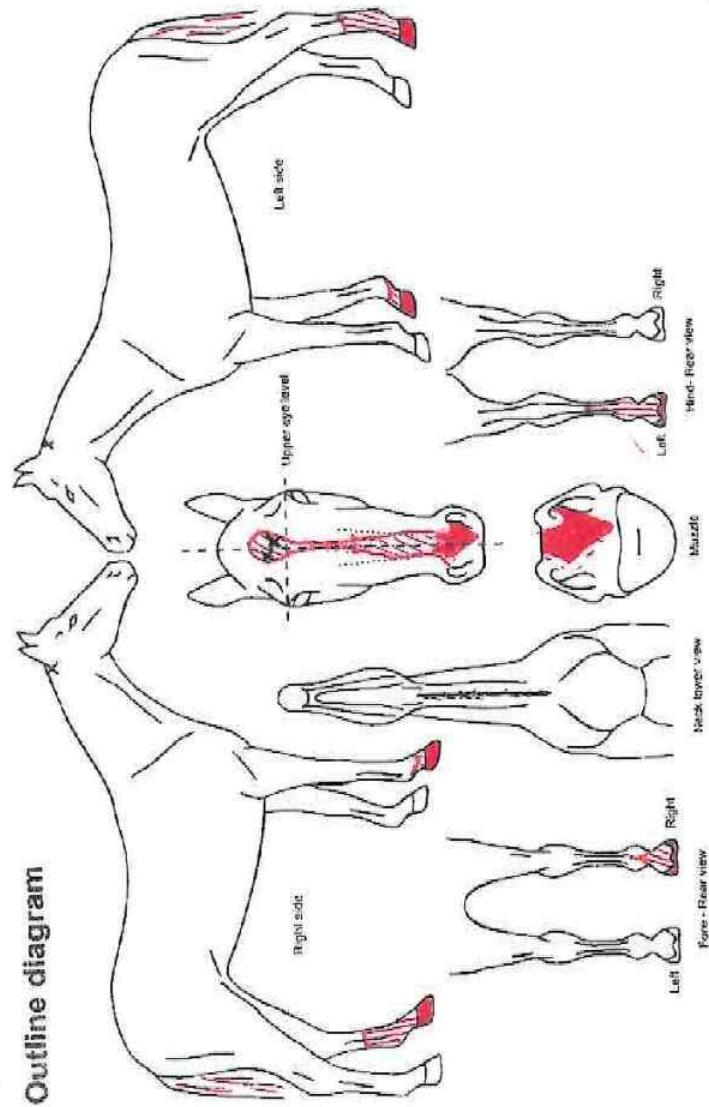
10/10/2022
Date

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 115 Henry Street - Westdene - Bloemfontein, 9301
056 811 2114 • 082 492 3116

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTER NUMBER
M	Chestnut	30/10/2021	French Victory	Nite Flight	EL-Toro

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

DR. J. VAN NESTERS

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
 Dis. J & B Wessels B.V. Sc
 Alleenstr. 1494 PARYS 9585
 parys@parys.co.za
 065 811 2114 • 082 492 3116

WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: TWO DIAGONAL WHORLS ABOVE UPPER EYE LEVEL. RT ABOVE LT IN ROUND STAR CONTAINED NARROW STRIPE WIDENING
 OVER BRIDGE OF NOSE ENDING IN BORDERED FLESH MARK (SNIP) BETWEEN NOSTRILS.

LEFT FORE	NIL.
RIGHT FORE	WHITE PASTER. UNPIGMENTED HOOF
LEFT HIND	WHITE TO MID CANTION. UNPIGMENTED HOOF
RIGHT HIND	NIL.

BODY WHORLS
BILATERAL AULL WHORL.
WHITE HAIR IN MANE
AND TAIL.
MEDIAN LINEAR WHORL
CONNECTED THROAT TO CHEST

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Dagskop Parys 1103		
	Postal code	9386	
Telephone	E-mail	arja@keuldergydoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	French Tail.
Registration Number of horse	50986 13394234	BIRTH DATE 24/11/2021	BREED	A. Saddler Male
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proleg Flu L 495216	Dr. B. Wessels
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	AHSTL 1 284 A	Dr. B. Wessels

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

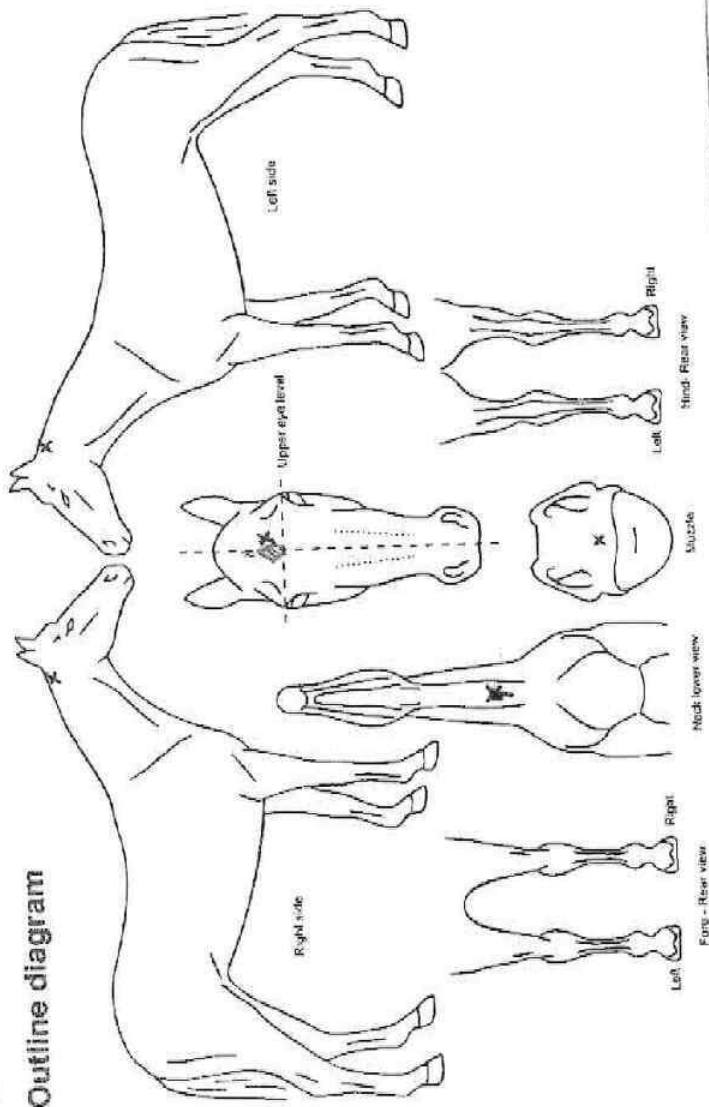
[Signature]
Signature
PARYS DIEREHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc
 Allenbystr 1494 PARYS 9585
 t. 056 811 2114 • 082 492 3116

10/10/2022
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	DAM
M	CHESTNUT	24/11/2021	French Victory	Twice a Lady

Outline diagram



NAME OF VETERINARIAN

DR. JOHAN WESSELS

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
Drs. J & B Wessels B.V.Sc
Allenbolsir 1494 PARYS 9565
parys-vet@parys.co.za
055 811 2114 • 082 492 3116

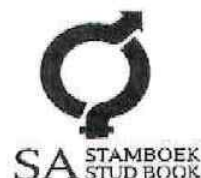
WRITTEN DESCRIPTION OF MARKINGS:
HEAD: WHORL TO LEFT OF MEDIAN ABOVE UPPER EYE LEVEL ADJACENT TO SMALL DIAMOND SHAPED STAR ON MEDIAN
FEW WHITE HAIRS ABOVE STAR, MEDIAN UPPER LIP WHORL.

BODY WHORLS
BILATERAL POLL WHORL
SMALL LINEAR VENTRAL
NECK WHORL.

LEFT FORE	<u>NIL.</u>
RIGHT FORE	<u>NIL.</u>
LEFT HIND	<u>NIL.</u>
RIGHT HIND	<u>NIL.</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL.

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Das Kap 1103	Paarls	
		Postal code	9585
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	French Geni
Registration Number of horse	50982 133 93814	BIRTH DATE	06/11/2021	BREED
				A. Saddler . Male
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proteg Fml A95216	Dr. B. Wessels
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	AKSII 1 284 A	Dr. B. Wessels

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccine.

Signature

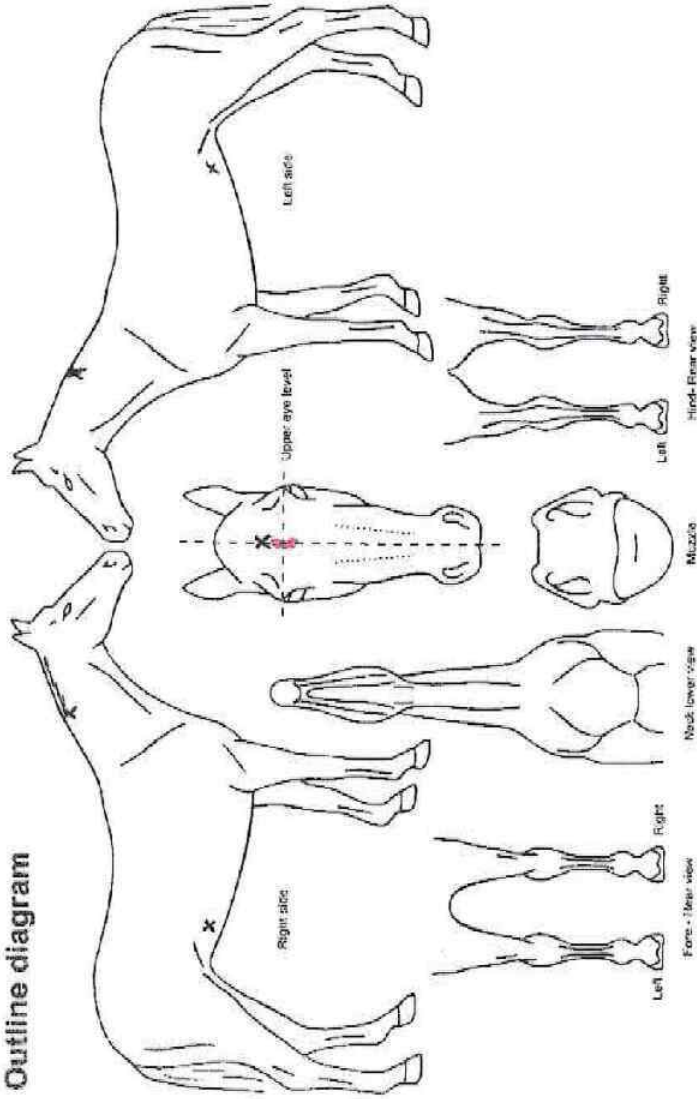
PARYS DIEREHOSPITAAL BK
Drs. J & B Wessels B.V.Sc
Allenbystr 1494 PARYS 9585
vet@parys.co.za
056 874 2114 • 082 492 3116

10/10/2022
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	DAM	REGISTERED NAME
M	BAY	06/11/2021	French Victory	Genji & Sweet Memory	French Geni

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAL WHORL ABOVE UPPER EYE LEVEL ABOVE SMALL MIXED STAR (ON UPPER EYE LEVEL).

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

BODY / WHORLS
RIGHT MIDCREST WHORL
FEATHERED TO POLL
LEFT MIDCREST WHORL
BILATERAL ABDOMINAL WHORL

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr. Johan Wessels

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIERHOSPITAAL BK

Ds. J & B Wessels B.V. Sc

Allenbysk 1494 PARYS 9585

vet & parys.co.za

053 811 2114 • 082 492 3116

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Ooskop Parys 1105		
	Postal code	9585	
Telephone	E-mail	anja.keulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	Zerwabu
Registration Number of horse	50984 133914085	BIRTH DATE 17/11/2021	BREED	American Saddler male
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proteq Flu L495216	Dr. J. Wessels BSc
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	ANSTL 1284 A	Dr. J. Wessels BSc

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. J. Wessels

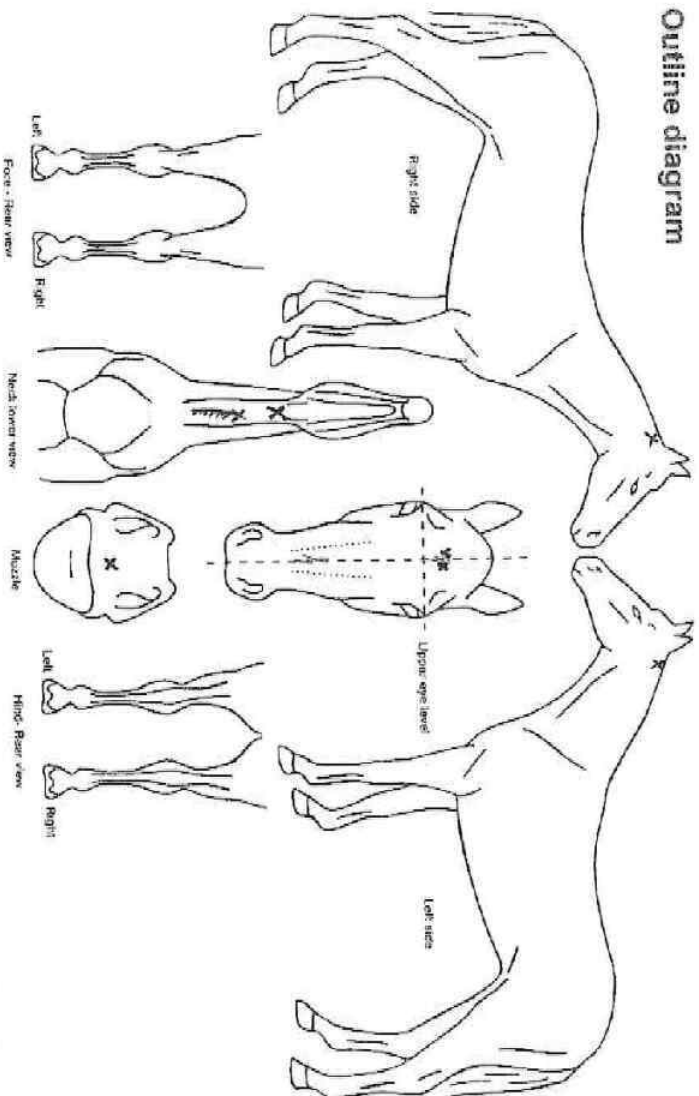
PARYS DIEREHOSPITAAL BK
Drs. J & B Wessels B.V.Sc
Alleenarts 1494 PARYS 9585
vet@parys.co.za
056 811 2114 • 082 492 3116

10/10/2022
Date

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

SEX	CLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	KEGID I ENTU I BAHU
M	CHESTNUT	17/11/2021	French Victory	Miss Buckaroo	Noble Zerimaby

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: TWO SLIGHT DIAGONAL WHORLS ABOVE UPPER EYE LEVEL BORDERING FEW WHITE MARKS ON MEDIAN.
FEW WHITE MARKS MEDIAN ON BEHIND PART OF NOSE. MEDIAN MUZZLE WHORL

LEFT FORE	<i>NIL.</i>
RIGHT FORE	<i>NIL.</i>
LEFT HIND	<i>NIL.</i>
RIGHT HIND	<i>NIL.</i>

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr Johan Wessels.

SIGNATURE OF VETERINARIAN

DATE 10/10/2022

PRACTICE STAMP

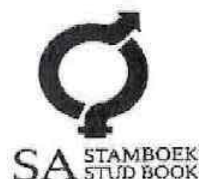
PARYS DIERHOSPITAL E
 Drs. J & B Wessels B.V. SO
 • Alendysstr 1494 PARYS 9588
 • wj@parys.co.za
 ☎ 056 811 2114 • 082 492 311

BODY / WHORLS

DIAGONAL POLL WHORLS
MEDIAN THROAT WHORL
FRAGMENTED VENTRAL NECK WHORL

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) *NIL*

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103		
	Postal code	9585	
Telephone	E-mail	anjakeulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	Noble Livi - V
Registration Number of horse	50979 13394051	BIRTH DATE	16/11/2021	BREED A. Saddler Male
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proteq Flu L495216	Dr. B. Wessels
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	AHSTI 1284A	Dr. B. Wessels

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

PARYS DIEREHOSPITAAL Bk
 Drs. J & B Wessels B.V.Sc
 • Allenbystr 1494 PARYS 9585
 • Praxi@parys.co.za
 ☎ 056 811 2114 • 082 492 3116

10/10/2022
 Date

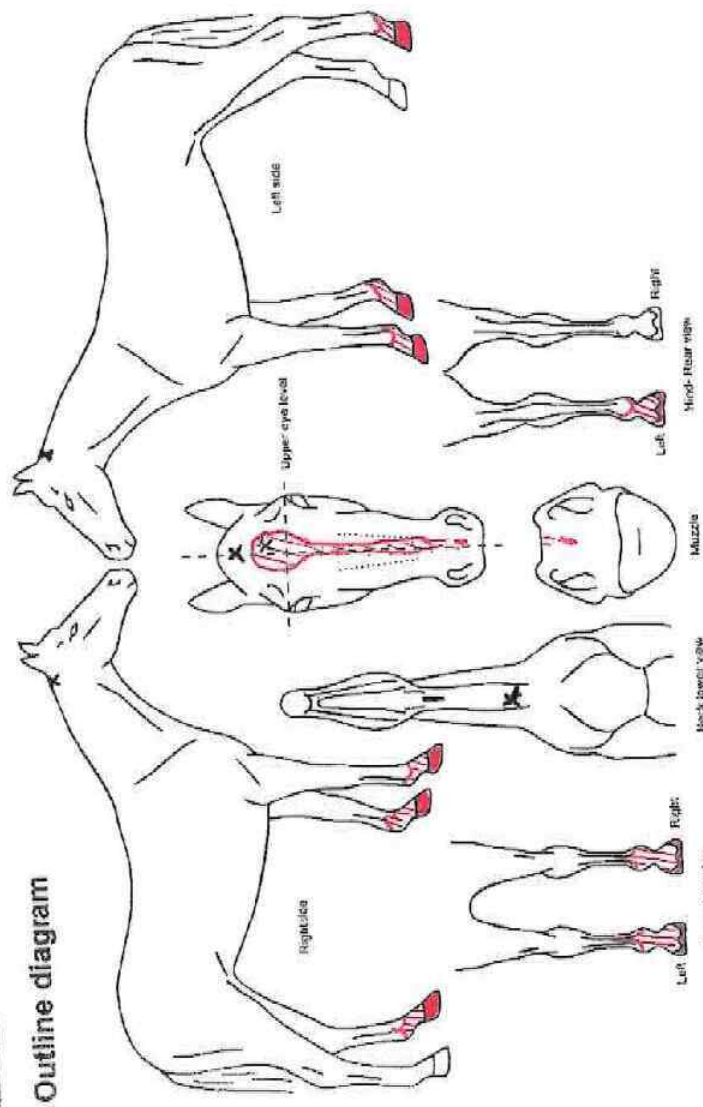
RETURN TO: SADDLE HORSE SOCIETY- PO BOX 3853 – BLOEMFONTEIN – 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street – Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DDMM/YYYY)	SIRE	DAM
M	CHESTNUT	16/11/2021	French Victory	Lindi in London

Livi - V

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

DR. JOHAN WESSELS

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
Drs. J & B Wessels B.V. Sc
Allenbystr 1494 PARYS 9565
p.w@parys.co.za
056 811 2114 • 082 492 3116

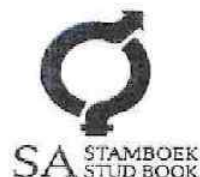
WRITTEN DESCRIPTION OF MARKINGS:
HEAD: MEDIAN FORELOCK WHORL, WHORL TO LEFT OF MEDIAN ABOVE UPPER EYE LEVEL IN LARGE ROUND STAR CONTAINED
NARROW STRIPE FAIRING ABOVE NOSTRILS ENDING IN SMALL FLESHMARK (SNIP)

LEFT FORE	WHITE FETLOCK UNPIGMENTED HOOF
RIGHT FORE	WHITE FETLOCK UNPIGMENTED HOOF
LEFT HIND	WHITE FETLOCK UNPIGMENTED HOOF
RIGHT HIND	NIL

BODY WHORLS
BILATERAL POLL WHORL
LINERAR THROAT WHORL
VENTRAL NECK WHORL
CROSS-THROAT

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop 1103		
	Postal code	9585	
Telephone	E-mail	anjakeuldersychoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Calif	Name	Impressive's first Lady	
Registration Number of horse	14016 12286712	BIRTH DATE	20/04/2002	BREED	A. Saddle Female
RF ID Implant / Micro Chip Number	Yes / No		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
03/06/2021	Proteqflu Te L487881	Dr. Brigitta Wessels
10/06/2022	Proteqflu L498228	"
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
03/06/2021	AHS II 279 C	" "
04/06/2021	AHS I 151 A	" "

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

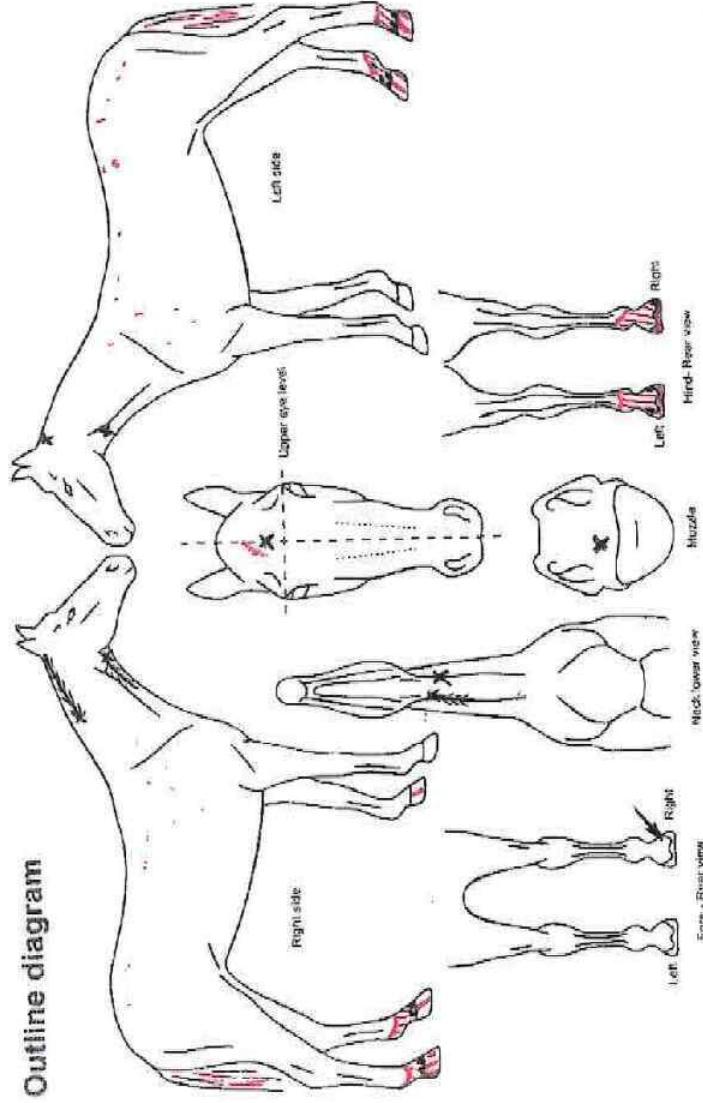
I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

10/10/2022 AHS I 284A Dr. B. Wessels
Signature: [Signature] PARYS DIEREHOSPITAAL BK
Dr. J & B Wessels B.V.Sc. 10/10/2022
- Allenbystr 994 PARYS 9585 Date
- vet@parys.co.za

RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3653 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein. 9301

SEX	COLOUR	DATE OF BIRTH (DDMMYYYY)	SIRE	DAM	REGISTERED NAME
F	Chestnut	26/04/2002	Sultan's Choice	Autumn Love	Impressive's first body

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: MEDIAN WHORL ABOVE UPPER EYE LEVEL. MIXED STAR ABOVE WHORL RIGHT OF MEDIAN. UPPER LIP WHORL.
RIGHT OF MEDIAN

LEFT FORE	<u>NIL. STRIPED HOOF</u>
RIGHT FORE	<u>NIL.</u>
LEFT HIND	<u>WHITE FETLOCK WITH ERMINE MARKS. STRIPED HOOF</u>
RIGHT HIND	<u>WHITE FETLOCK WITH ERMINE MARKS. STRIPED HOOF</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) SCAR RIGHT FORE HEAL OUTSIDE

MICROCHIP STICKER

NAME OF VETERINARIAN

DR. JOMAN WESSELS

SIGNATURE OF VETERINARIAN

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
 Drs J & B Wessels B.V. SC
 Allenbysdr 1494 PARYS 9565
 * vet@parys.co.za
 056311 2114 • 082 492 3115

BODY / WHORLS

MAIN AND TAIL HIGHLIGHTED
RIGHT MIDGEST FEATHERED WHORL
UP TO POLLE LEFT POLLE WHORL.
RIGHT FEATHERED JUGULAR WHORL
LEFT JUGULAR WHORL.
FEW WHITE MARKS ON UPPER
BODY AND SHOULDERS.

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103.		
	Postal code	9585	
Telephone	E-mail	anja.keulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Ja - Ja	Name	Miss Buckaroo
Registration Number of horse	15277 1354777	BIRTH DATE	23/05/2007	BREED A. Saddle. female
RF ID Implant / Micro Chip Number	Yes / No		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
03/06/2021	Proteg Flu Te L487881	Dr Brigitta Wessels.
10/06/2022	Proteg Flu Te L498228	" "
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
03/06/2021	AHS II 279C	" "
24/06/2021	AHS I 151C	" "

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

10/10/2022 ANSH 1284A

Dr. B. Wessels BSc

[Signature]
 Signature

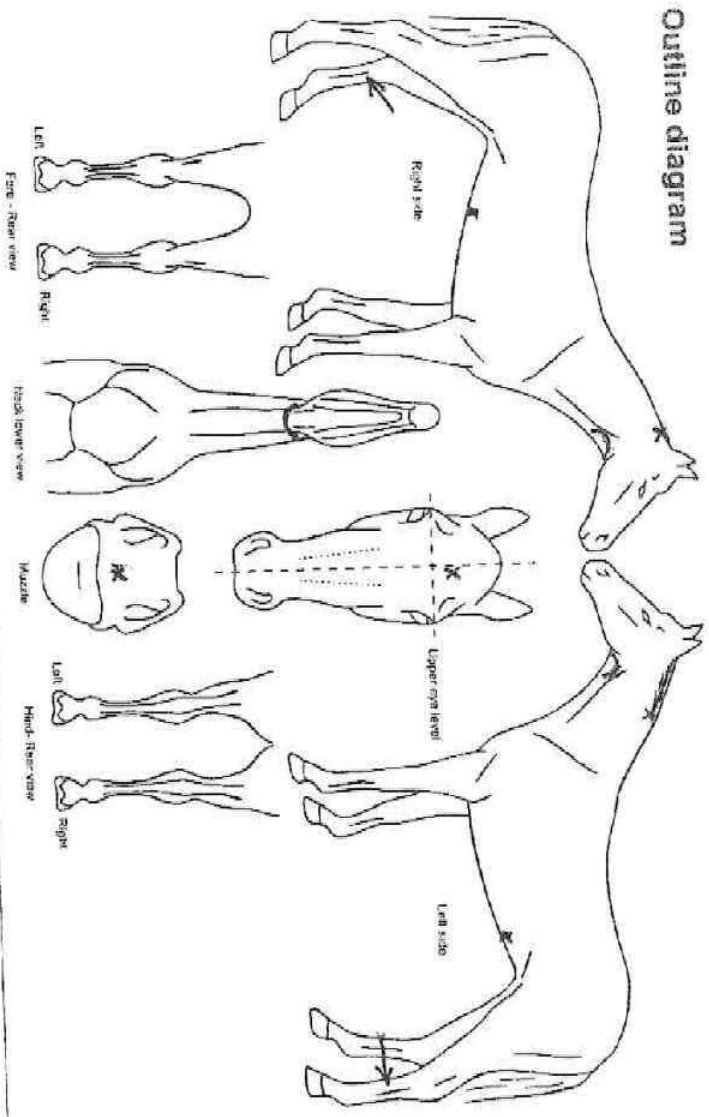
PARYS DIEREHOSPITAAL BK
 Drs. J. B. Wessels B.V.Sc.
 Practice
 Allenbvd 1494 PARYS 9585
 vet@parys.co.za

10/10/2022
 Date

RETURN TO: SADDLE HORSE ASSOCIATION - P.O. BOX 9824 BLOEMFONTEIN - 9300
 PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	NAME
F	Dark Chestnut	23/05/2007	Young Buckaroo	An-ge Nikhita
			Miss Buckaroo	

Outline diagram



WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: WHORL LEFT OF MEDIAN ABOVE UPPER EYE LEVEL. MEDIAN UPPER HIP WHORL.

LEFT FORE	N/A.
RIGHT FORE	N/A.
LEFT HIND	N/A.
RIGHT HIND	N/A.

MICROCHIP STICKER

NAME OF VETERINARIAN

Dr Tommy Wessels

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIERHOSPITAL BK
 Drs J & B Wessels B.V. Sc
 Alphen aan de Rijn 1494 PARYS 9585
 Tel: 056 811 2114 • 092 492 3116

BODY WHORLS

RIGHT: HIGH CREST WHORL
 LEFT: HIGHEST WHORL FETTERED
 TO HOCK
 SEMI CIRCULAR HIGH TUGGAGE
 WHORL.
 ADDITIONAL WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

SCAR HIGH LEFT CANNON ON FRONT OF HINDLEG

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



OWNER'S DETAILS

Name of owner	Noble Equestrian Stables		
ID number			
Member number			
Address of owner	Farm Daskop Parys 1103		
	Postal code	9585	
Telephone	E-mail	anjakeulder@yahoo.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Noble	Name	A French Story	
Registration Number of horse	50981 13394242	BIRTH DATE 26/10/2021	BREED	A. Saddler.	
RF ID Implant / Micro Chip Number	Yes / No		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
11/07/2022	Proteq Flu L495216	Dr. B. Wessels
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
10/10/2022	ANSTIL 1 284-A	Dr. B. Wessels

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

PARYS DIEREHOSPITAAL BK
 Drs J & B Wessels B.V.Sc
 Alleenbest. 1492 PARYS 9585
 yef@parys.co.za
 ☎ 056 811 2114 • 082 492 3116

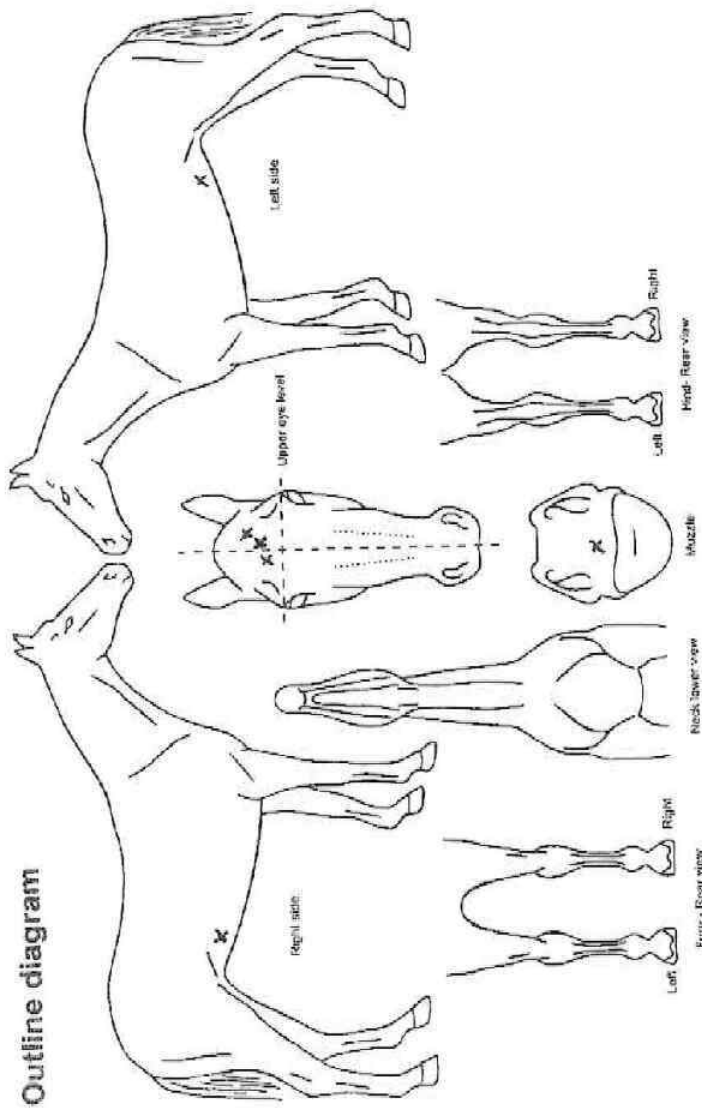
10/10/22
 Date

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 (DDMMYYYY)	SIRE	DAM	REGISTER NUMBER
M	CHESTNUT	26/10/2021	French victory		A French Story

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Dr. Johan Wessels

SIGNATURE OF VETERINARIAN

[Signature]

DATE 10/10/2022

PRACTICE STAMP

PARYS DIEREHOSPITAAL BK
 Drs. J & B Wessels B.V.Sc
 Alendysstr 1494 PARYS 9585
 t: +31 (0) 20 492 3116
 e: info@parys.co.za

WRITTEN DESCRIPTION OF MARKINGS:
 HEAD: THREE DIAGONAL WHORLS ABOVE UPPER EYE LEVEL, ONE RIGHT OF MEDIAN AND TWO TO THE LEFT.
 MEDIAN UPPER LIP WHORL

BODY WHORLS	
FLANK	
TAIL	
BUTTERFLY	
ABDOMINAL	
WHORLS	

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

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL