

## Philna Moelich

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**From:** Philna Moelich <philna@studbook.co.za>  
**Sent:** 13 July 2023 09:15 AM  
**To:** Elize Prinsloo  
**Cc:** philna@studbook.co.za  
**Subject:** FW: FRIESPERD : Passports  
**Attachments:** Jul 3, Doc 1.pdf  
**Importance:** High

Afgehandel  
Gee vir Elize 25/07/2023.  
[Signature]

Goeie dag Elize

Ek weet nie of jy al die betaling ontvang het van die paspoort aansoeke nie? Ek het nog nie iets gehoor nie.

Baie dankie en lekker dag vir jou

Kind regards / Groete

Philna Moelich

Admin Clerk: Participation Administration, Passports

E philna@studbook.co.za P +27 51 410 0910

South African Stud Book and Animal Improvement Association

118 Henry Street, Westdene, Bloemfontein, South Africa

[www.StudBook.co.za](http://www.StudBook.co.za) | [www.LOGIX.org.za](http://www.LOGIX.org.za) | [www.SADairyBulls.co.za](http://www.SADairyBulls.co.za) | [www.SABeefBulls.co.za](http://www.SABeefBulls.co.za)

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-----Original Message-----

From: elize@studbook.co.za [mailto:elize@studbook.co.za]  
Sent: 05 July 2023 09:28 AM  
To: 'Philna Moelich' <philna@studbook.co.za>  
Cc: I.M STEYN <irene.steyn7@gmail.com>

Subject: FRIESPERD : Passports

Importance: High

Dear Me Steyn,

I hereby Acknowledge receipts of your application for passports

The cost is R282 and if you want us to courier the passport there is additional cost of R150

Please send proof of payment in order to process the passports

Regards

-----Original Message-----

From: Irene Steyn <irene.steyn7@gmail.com>

Sent: Monday, 03 July 2023 08:09

To: elize@studbook.co.za; Cindy <cindy@studbook.co.za>

Subject: Passports

Good Morning Elize/Cindy,

Attached is documentation for my Friesians passports.

Please let me know if you require any addition information.

Kind Regards,

Irene Steyn

0782990191

Sent from my iPhone

Begin forwarded message:

>

>

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreerde Perde/ Onregistreerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 8306070213080      |             |                       |
| Member number    | 0676697            |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7780                  |
| Telephone        | 0782990191         | E-mail      | irene.steyn@gmail.com |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                                           |                 |                                             |                 |       |          |
|--------------------------------------|-------------------------------------------|-----------------|---------------------------------------------|-----------------|-------|----------|
| Name of horse                        | Prefix                                    | MYSTIC<br>VALEY | Name                                        | SUMMER RAIN     |       |          |
| Registration Number of horse         | 4612410                                   | BIRTH DATE      | SEX<br>G M <input checked="" type="radio"/> | COLOUR<br>BLACK | BREED | FRIESIAN |
|                                      | 0018396957                                | 07/09/2021      |                                             |                 |       |          |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes / No |                 | Type of implant                             | MICROCHIP       |       |          |
| If yes, please supply number of code | 956 0000 14655 484 ✓                      |                 |                                             |                 |       |          |

**CERTIFICATION BY VETERINARIAN - (SIGN AND STAMP BY VET)**

  
Signature

Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
066 218 0157  
Email: capecompanions@gmail.com

18/08/2022  
Date

**NB:** A passport will not be issued unless the SA Stud Book Association has received the original Registration Certificate.

**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za**  
**SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX  | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM            | REGISTERED NAME           |
|------|--------|----------------------------|------------------------|----------------|---------------------------|
| MARE | BLACK  | 07/09/2021                 | VERLOOF JOU HART FRITZ | THABURE NIENKE | MYSTIC VALLEY SUMMER RAIN |

**MICROCHIP STICKER**

956000014655484

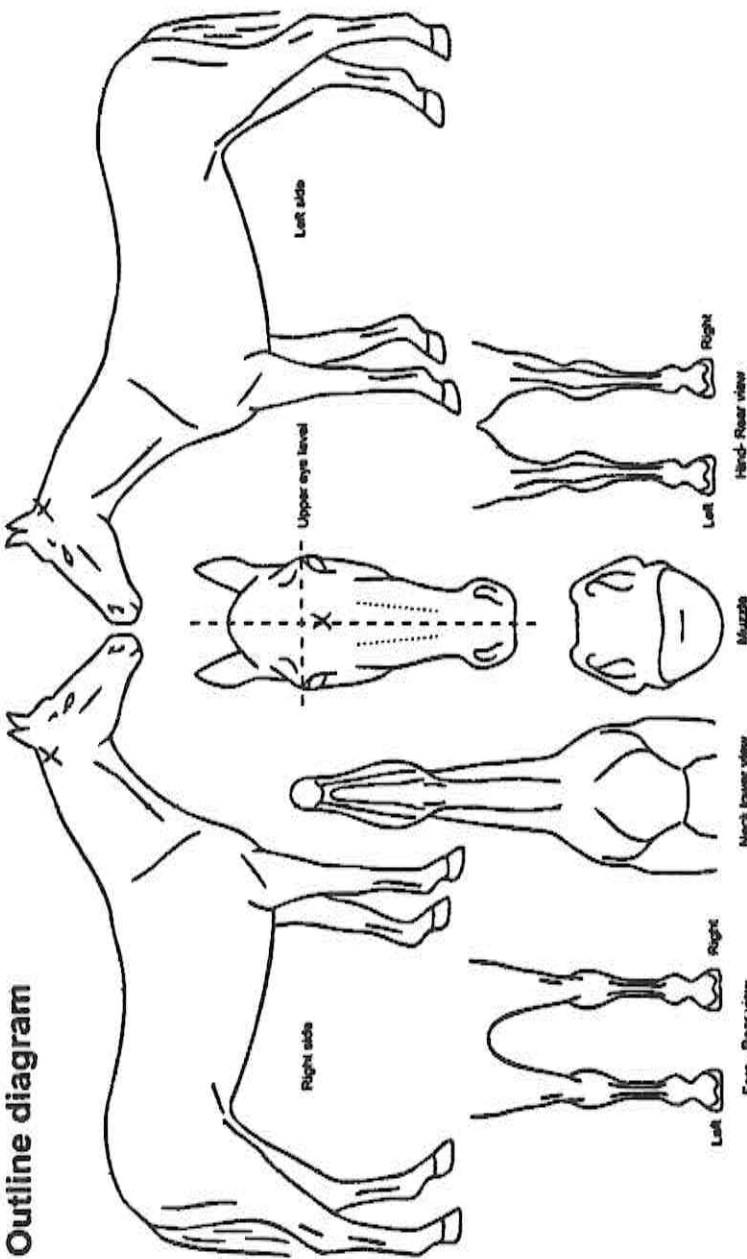
NAME OF VETERINARIAN  
DR LESUEKIH ROUS

SIGNATURE OF VETERINARIAN  


DATE 18 / 08 / 2022

PRACTICE STAMP  
Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Cell: 060 718 0157  
Email: capcompanion19@gmail.com

**Outline diagram**



Right side  
Left side  
Upper eye level  
Neck lower view  
Muzzle  
Fore-Rear view  
Hind-Rear view

WRITTEN DESCRIPTION OF MARKINGS:  
HEAD: BROWN EYE LEVEL MEDIAL WHOLE.

|            |     |
|------------|-----|
| LEFT FORE  | NIL |
| RIGHT FORE | NIL |
| LEFT HIND  | NIL |
| RIGHT HIND | NIL |

|                     |
|---------------------|
| BODY / WHORLS       |
| LEFT AND RIGHT FOLL |
| WHORLS.             |
|                     |
|                     |
|                     |
|                     |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreeerde Perde/ Onregistreeerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 830607 021 3080    |             |                       |
| Member number    | 0676597            |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7780                  |
| Telephone        | 078 299 0191       | E-mail      | irene.steyn@gmail.com |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                                           |               |                                                              |              |          |  |
|--------------------------------------|-------------------------------------------|---------------|--------------------------------------------------------------|--------------|----------|--|
| Name of horse                        | Prefix                                    | MYSTIC VALLEY | Name                                                         | NIGHT WALKER |          |  |
| Registration Number of horse         | 0612411                                   | BIRTH DATE    | SEX                                                          | COLOUR       | BREED    |  |
|                                      | 0013396732                                | 14/11/2021    | G <input checked="" type="radio"/> M <input type="radio"/> F | BLACK        | FRIESIAN |  |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes / No |               | Type of implant                                              | MICROCHIP    |          |  |
| If yes, please supply number of code | 956000010944698 ✓                         |               |                                                              |              |          |  |

**CERTIFICATION BY VETERINARIAN – (SIGN AND STAMP BY VET.)**

Signature

Cape Companions Veterinary Clinic  
5C20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Phone 021 718 0157  
Email: capecompanions@gmail.com

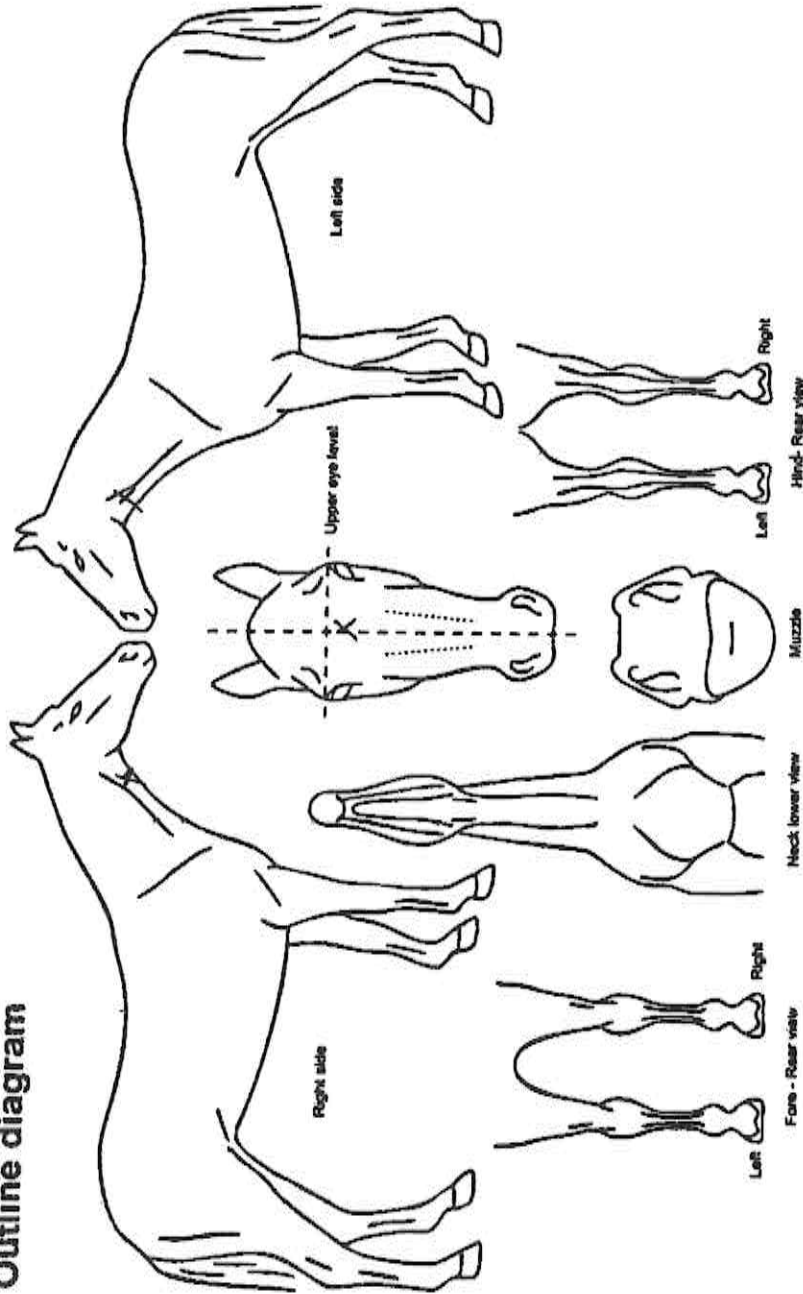
18/8/2022  
Date

**NB:** A passport will not be issued unless the SA Stud Book Association has received the original Registration Certificate.

**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

|        |        |                            |                        |             |                            |
|--------|--------|----------------------------|------------------------|-------------|----------------------------|
| SEX    | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM         | REGISTERD NAME             |
| STAMON | BLACK  | 14/11/2021                 | VERVOOR JOU HART FRITZ | EPONA CASKA | MYSTIC VALLEY NIGHT WALKER |

### Outline diagram



### MICROCHIP STICKER

956000010944598

### NAME OF VETERINARIAN

OR LESLEKH ROUS

*[Signature]*

### SIGNATURE OF VETERINARIAN

DATE 18/08/2022

### PRACTICE STAMP

Cape Companions Veterinary Clinic  
SC20/1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Cell: 060 718 0157  
Email: capcompanion@gmail.com

### WRITTEN DESCRIPTION OF MARKINGS:

HEAD: EYE LEVEL MEDIAN WHORL.

|            |     |                               |
|------------|-----|-------------------------------|
| LEFT FORE  | NIL | BODY / WHORLS                 |
| RIGHT FORE | NIL | LEFT AND RIGHT JUGULAR WHORLS |
| LEFT HIND  | NIL |                               |
| RIGHT HIND | NIL |                               |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreeerde Perde/ Onregistreeerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 830607 021 3080    |             |                       |
| Member number    | 067 6597           |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7760                  |
| Telephone        | 078299 0191        | E-mail      | irene.steyn@gmail.com |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                                                               |                  |                                        |           |          |  |
|--------------------------------------|---------------------------------------------------------------|------------------|----------------------------------------|-----------|----------|--|
| Name of horse                        | Prefix                                                        | MYSTIC<br>VALLEY | Name                                   | TWILIGHT  |          |  |
|                                      |                                                               |                  |                                        |           |          |  |
| Registration Number of horse         | U604964                                                       | BIRTH DATE       | SEX                                    | COLOUR    | BREED    |  |
|                                      | 0013396973                                                    | 10/02/2018       | G M <input checked="" type="radio"/> F | BLACK     | FRIESIAN |  |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes <input type="radio"/> No |                  | Type of implant                        | MICROCHIP |          |  |
| If yes, please supply number of code | 9560000 11 215507 ✓                                           |                  |                                        |           |          |  |

**CERTIFICATION BY VETERINARIAN – (SIGN AND STAMP BY VETERINARY CLINIC)**

Signature

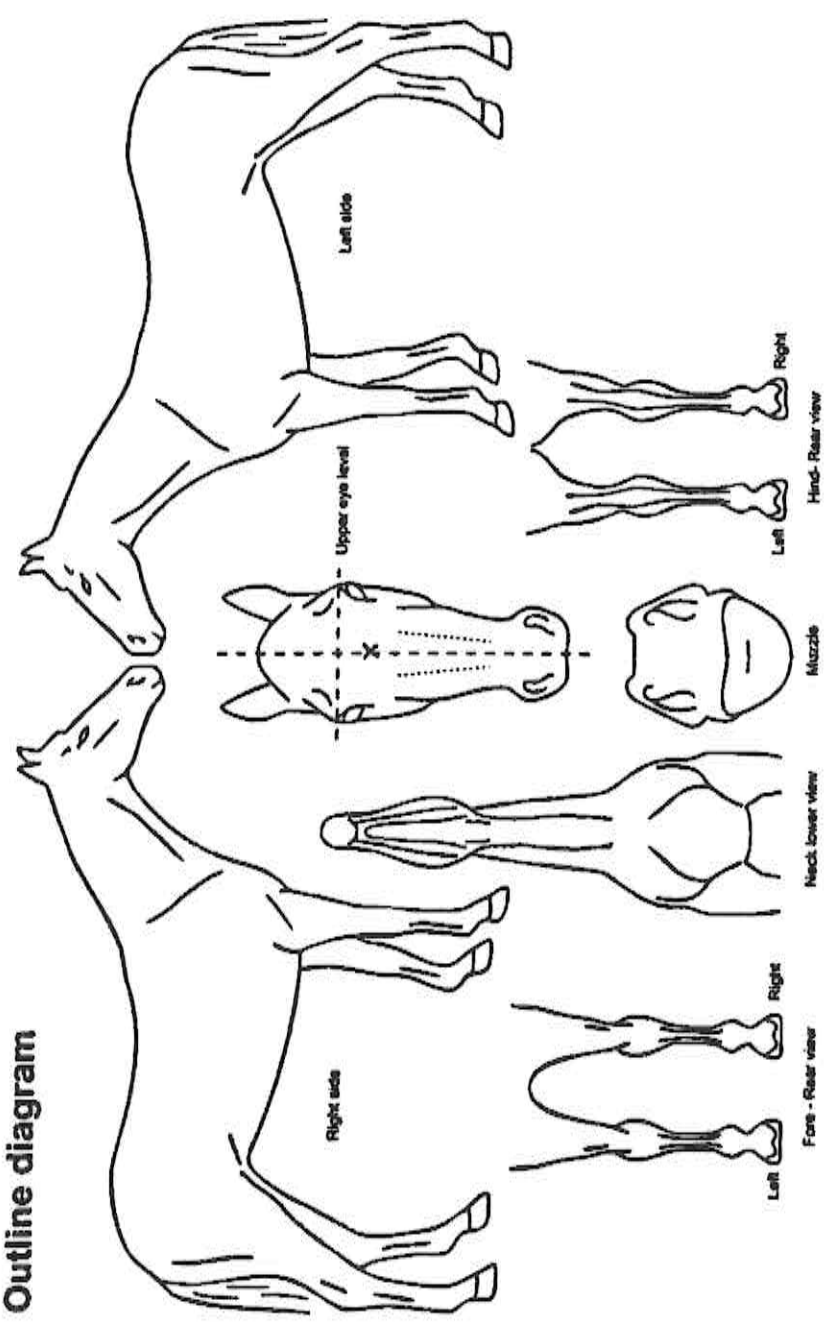
Cape Companion Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Cell: 060 718 0157  
Email: capecompanion@gmail.com

18/08/2022  
Date

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**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX  | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM             | REGISTERD NAME         |
|------|--------|----------------------------|------------------------|-----------------|------------------------|
| MALE | BLACK  | 10/02/2018                 | VERWOOD JOU HART FRITZ | THABURE NIENTKE | MYSTIC VALLEY TWILIGHT |

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Outline diagram</b></p>  | <p><b>MICROCHIP STICKER</b></p> <p>956000011215507</p> <p><b>NAME OF VETERINARIAN</b><br/>DR LEESEIGH ROUS</p> <p><b>SIGNATURE OF VETERINARIAN</b><br/></p> <p><b>DATE</b> 18/08/2022</p> <p><b>PRACTICE STAMP</b><br/>Cape Companions Veterinary Clinic<br/>SC20 / 1625<br/>Klein Joostenberg Farm,<br/>R304, Muldersvlei<br/>Cell: 060 718 0157<br/>Email: capecompanions@gmail.com</p> |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

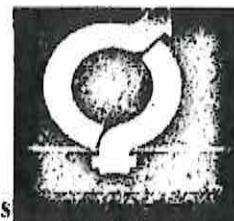
**WRITTEN DESCRIPTION OF MARKINGS:**

**HEAD:** BELOW EYE LEVEL MEDIAN WHORL.

|            |     |               |
|------------|-----|---------------|
| LEFT FORE  | NIL | BODY / WHORLS |
| RIGHT FORE | NIL | NIL           |
| LEFT HIND  | NIL |               |
| RIGHT HIND | NIL |               |

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

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreerde Perde/ Onregistreerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                      |
|------------------|--------------------|-------------|----------------------|
| Name of owner    | IRENE STEYN        |             |                      |
| ID number        | 83060 7 021 3080   |             |                      |
| Member number    | 067 6597           |             |                      |
| Address of owner | 21 PLANTATION ROAD |             |                      |
|                  | WOODLANDS PARK     | Postal code | 7780                 |
| Telephone        | 078 299 0191       | E-mail      | irene.steyn@gmail.co |
| Fax              | -                  |             |                      |

**DETAILS OF HORSE**

Gb.

SB 9356

|                                      |                                           |                          |                                                                     |                 |       |          |
|--------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------|-----------------|-------|----------|
| Name of horse                        | Prefix                                    | MYSTIC<br>VALLEY         | Name                                                                | ANDIAMO         |       |          |
| Registration Number of horse         | 0604966<br>0013396965                     | BIRTH DATE<br>09/10/2020 | SEX<br>G <input checked="" type="radio"/> M <input type="radio"/> F | COLOUR<br>BLACK | BREED | FRIESIAN |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes / No |                          | Type of implant                                                     | MICROCHIP       |       |          |
| If yes, please supply number of code | 9560000 111 207 29. ✓                     |                          |                                                                     |                 |       |          |

**CERTIFICATION BY VETERINARIAN - (SIGN AND STAMP BY VET.)**

Signature \_\_\_\_\_

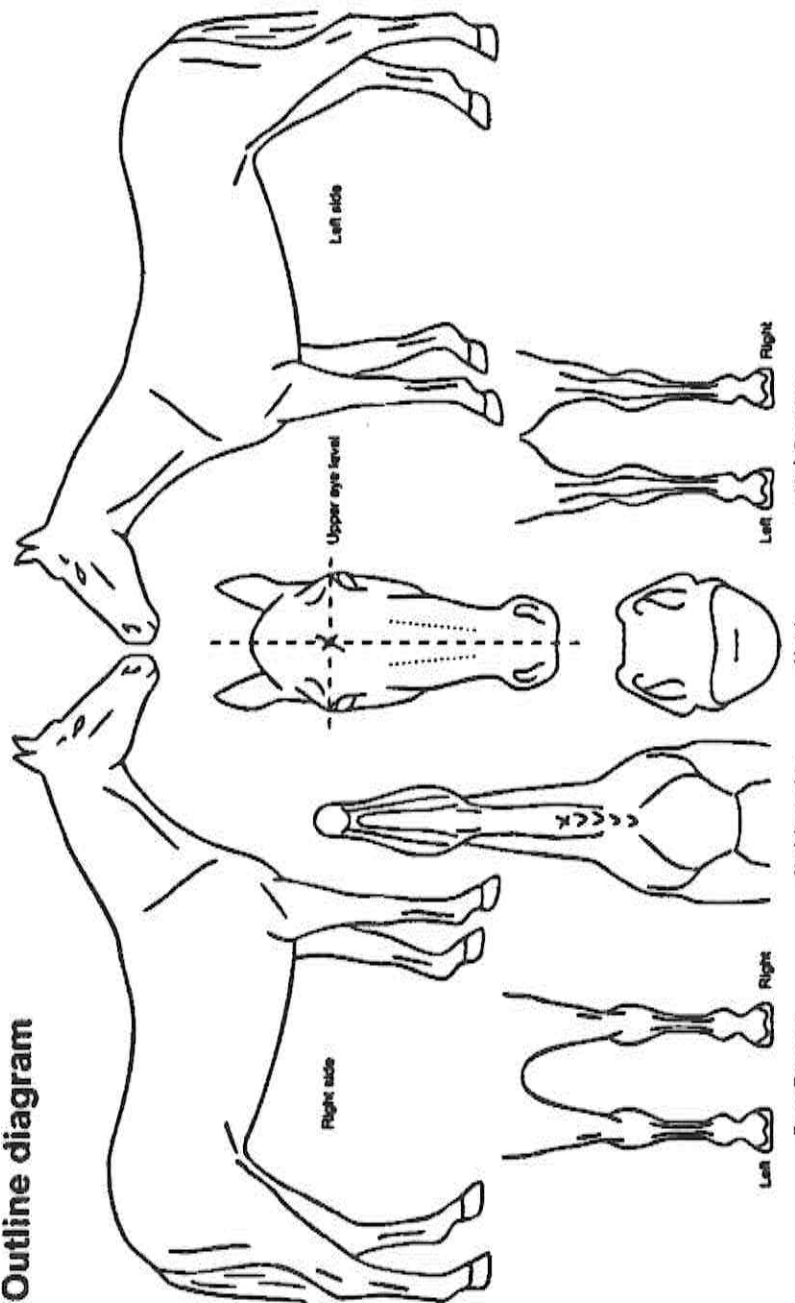
Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Practice 060 718 0157  
Email: capecompanions@gmail.com

18/06/2022  
Date

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**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX     | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM          | REGISTERED NAME       |
|---------|--------|----------------------------|------------------------|--------------|-----------------------|
| STAMION | BLACK  | 07/10/2020                 | VERLOOR JOU HART PRITZ | E PONA CASLA | MYSTIC VALLEY ANDIAMD |

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>MICROCHIP STICKER</b></p> <p style="font-size: 1.2em; margin-top: 20px;">95600001120729</p> | <div style="text-align: center;">  <p>Outline diagram</p> </div> <div style="margin-top: 20px;"> <p><b>NAME OF VETERINARIAN</b></p> <p>DR LESLEIGH ROUS</p> <p><i>[Signature]</i></p> <p><b>SIGNATURE OF VETERINARIAN</b></p> </div> <div style="margin-top: 20px;"> <p><b>DATE</b> 18 / 08 / 2022</p> <p><b>PRACTICE STAMP</b></p> <p>Cape Companions Veterinary Clinic<br/> SC20 / 1625<br/> Klein Joostenberg Farm,<br/> R304, Muldersvlei<br/> Cell: 060 718 0157<br/> Email: capecompanions@gmail.com</p> </div> |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**WRITTEN DESCRIPTION OF MARKINGS:**  
**HEAD: MEDIAN EYE LEVEL WHORL.**

|                                                                                                         |                                                                          |  |                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; justify-content: space-between;"> <div>LEFT FORE</div> <div>NIL</div> </div> | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  | <div style="display: flex; justify-content: space-between;"> <div>BODY / WHORLS</div> <div>VENTRAL FEATHERED</div> </div> |
|                                                                                                         |                                                                          |  |                                                                                                                           |
|                                                                                                         |                                                                          |  |                                                                                                                           |
|                                                                                                         |                                                                          |  |                                                                                                                           |
| RIGHT FORE                                                                                              |                                                                          |  | NECK WHORL                                                                                                                |
| LEFT HIND                                                                                               |                                                                          |  |                                                                                                                           |
| RIGHT HIND                                                                                              |                                                                          |  |                                                                                                                           |

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

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreerde Perde/ Onregistreerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 83 0607 021 3080   |             |                       |
| Member number    | 067 6597           |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7780                  |
| Telephone        | 078 299 0191       | E-mail      | irene.steyn@gmail.com |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                                                                 |                          |                                               |                 |       |          |
|--------------------------------------|-----------------------------------------------------------------|--------------------------|-----------------------------------------------|-----------------|-------|----------|
| Name of horse                        | Prefix                                                          | MYSTIC<br>VALLEY         | Name                                          | LADY HANK       |       |          |
| Registration Number of horse         | 0013396940<br>U607874                                           | BIRTH DATE<br>07/06/2019 | SEX<br>G M <input checked="" type="radio"/> F | COLOUR<br>BLACK | BREED | FRIESIAN |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes / <input type="radio"/> No |                          | Type of implant                               | MICROCHIP       |       |          |
| If yes, please supply number of code | 956 0000144 80844 ✓                                             |                          |                                               |                 |       |          |

**CERTIFICATION BY VETERINARIAN – (SIGN AND STAMP BY VET.)**

Signature

Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm.  
R304/Pondokrivier  
Cell: 060 718 0157  
Email: CapeCompanions@gmail.com

18/8/2022  
Date

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**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX  | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM          | REGISTERED NAME         |
|------|--------|----------------------------|------------------------|--------------|-------------------------|
| MARE | BLACK  | 07/06/2019                 | VERLOER JOU HART FRITZ | EPONA CASE A | MYSTIC VALLEY LADY HANK |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Outline diagram</b></p> | <p><b>MICROCHIP STICKER</b></p> <p>95 6 0000 144 808 44</p> <p><b>NAME OF VETERINARIAN</b><br/>DR. VESUEICHA ROUS</p> <p><b>SIGNATURE OF VETERINARIAN</b><br/><i>[Signature]</i></p> <p><b>DATE</b> 18 / 08 / 2022</p> <p><b>PRACTICE STAMP</b><br/>Cape Companions Veterinary Clinic<br/>SC20 / 1625<br/>Klein Joostenberg Farm,<br/>R304, Muldersvlei<br/>Cell: 060 718 0157<br/>Email: capecompanions@gmail.com</p> |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**WRITTEN DESCRIPTION OF MARKINGS:**  
HEAD: EYE LEVEL MEDIAN WHORL.

|            |     |                               |
|------------|-----|-------------------------------|
| LEFT FORE  | NIL | BODY / WHORLS                 |
| RIGHT FORE | NIL | FEATHERED VENTRAL NECK WHORL. |
| LEFT HIND  | NIL |                               |
| RIGHT HIND | NIL |                               |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

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|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 83 0607 021 3080   |             |                       |
| Member number    | 067 6597           |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7780                  |
| Telephone        | 078 299 0191       | E-mail      | irene.steyn@gmail.com |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                       |                          |                 |                 |       |          |
|--------------------------------------|-----------------------|--------------------------|-----------------|-----------------|-------|----------|
| Name of horse                        | Prefix                | MYSTIC VALLEY            | Name            | WARLOCK         |       |          |
| Registration Number of horse         | 0013396924<br>U604965 | BIRTH DATE<br>06/09/2020 | SEX<br>♂ M F    | COLOUR<br>BLACK | BREED | FRIESIAN |
| RF ID Implant / Micro Chip Number    | Yes/No                |                          | Type of implant | MICROCHIP       |       |          |
| If yes, please supply number of code | 956 0000 111 9643 ✓   |                          |                 |                 |       |          |

**CERTIFICATION BY VETERINARIAN - (SIGN AND STAMP BY VET.)**

Signature

Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
3304, Muldersvlei  
Practice  
Cell: 080 718 0157  
Email: capecompanions@gmail.com

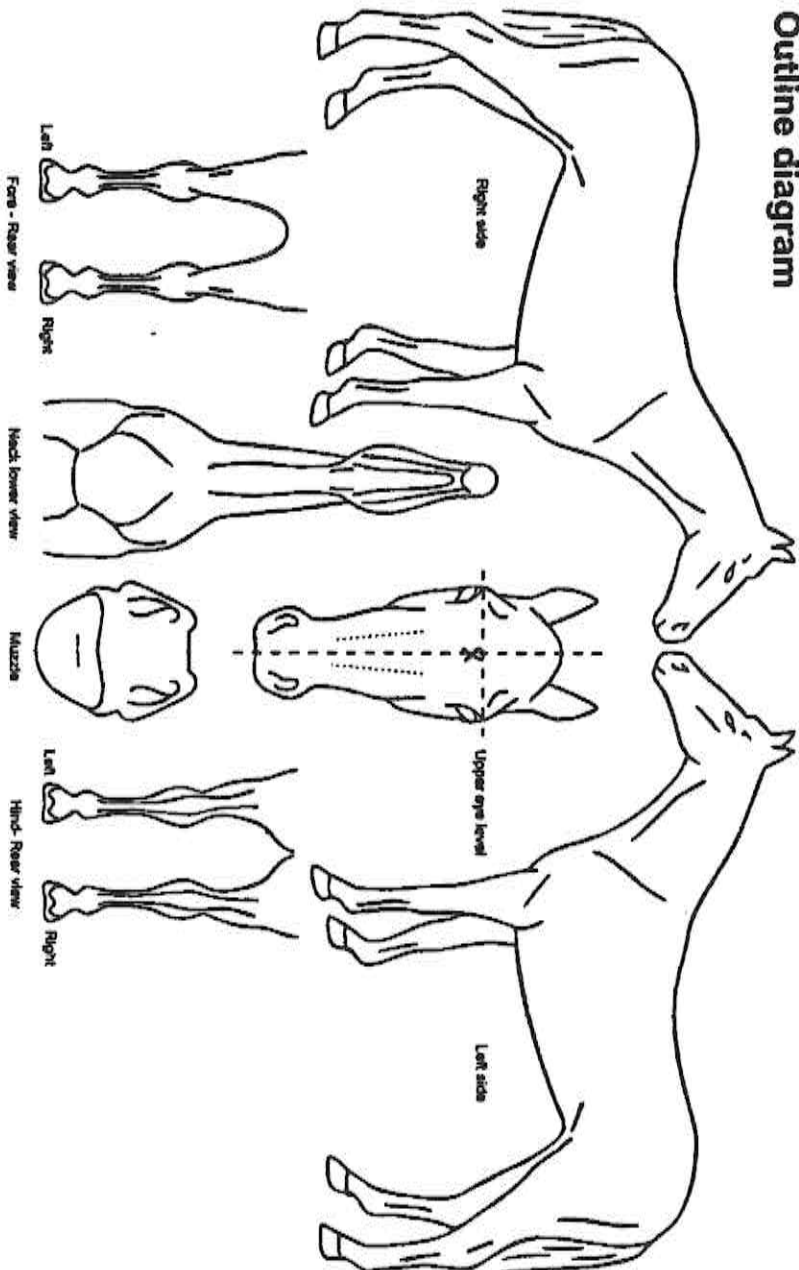
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Date

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SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX    | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE                   | DAM            | REGISTERED NAME        |
|--------|--------|----------------------------|------------------------|----------------|------------------------|
| Gender | BLACK  | 06/09/2020                 | VERVOOR JOO HART FELTZ | THABURE NIENKE | MYSTIC VALLEY WARELOCK |

### Outline diagram



MICROCHIP STICKER

4560000111 9443

NAME OF VETERINARIAN

DR. VESSELIN BOUS

SIGNATURE OF VETERINARIAN

*[Signature]*

DATE 06/09/2022

PRACTICE STAMP

Cape Companions Veterinary Clinic  
5020 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Cell: 060 718 0157  
Email: capecompanions@gmail.com

WRITTEN DESCRIPTION OF MARKINGS:  
HEAD: MEDIAN EYE NEVER MARK.

|            |     |               |
|------------|-----|---------------|
| LEFT FORE  | NIL | BODY / WHORLS |
| RIGHT FORE | NIL | NIL           |
| LEFT HIND  | NIL |               |
| RIGHT HIND | NIL |               |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreerde Perde/ Onregistreerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 8306070213080      |             |                       |
| Member number    | 0676597            |             |                       |
| Address of owner | 21 PLANTATION ROAD |             |                       |
|                  | WOODLANDS PARK     | Postal code | 7750                  |
| Telephone        | 078 299 0191       | E-mail      | irene.steyn@gmail.com |
| Fax              | -                  |             |                       |

**DETAILS OF HORSE**

GB

SB6559

|                                      |                                                               |                        |                                               |                 |       |          |
|--------------------------------------|---------------------------------------------------------------|------------------------|-----------------------------------------------|-----------------|-------|----------|
| Name of horse                        | Prefix                                                        | VERLOOR<br>JOU<br>HART | Name                                          | SHAKIRA         |       |          |
| Registration Number of horse         | 0013172432                                                    | BIRTH DATE             | SEX<br>G M <input checked="" type="radio"/> F | COLOUR<br>BLACK | BREED | FRIESIAN |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        | Type of implant                               | MICROCHIP.      |       |          |
| If yes, please supply number of code | 900032001892540                                               |                        |                                               |                 |       |          |

**CERTIFICATION BY VETERINARIAN – (SIGN AND STAMP BY VET)**

Signature

Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
R304, Muldersvlei  
Practice 060 718 0157  
Email: capecompanions@gmail.com

18/08/2022  
Date

**NB:** A passport will not be issued unless the SA Stud Book Association has received the original Registration Certificate.

**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX  | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE            | DAM          | REGISTERD NAME           |
|------|--------|----------------------------|-----------------|--------------|--------------------------|
| MARE | BLACK  | 05/11/2014                 | GEYERSPAN ALOIS | RONLIA ANCKE | VERLOOR JOU HART SHAKIRA |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Outline diagram</b></p> | <p><b>MICROCHIP STICKER</b></p> <p>1<br/>900032001892540</p> <p><b>NAME OF VETERINARIAN</b><br/>DR LESLEIGH ROUS</p> <p><b>SIGNATURE OF VETERINARIAN</b><br/><i>[Signature]</i> BNS</p> <p><b>DATE</b> 18 / 08 / 2022</p> <p><b>PRACTICE STAMP</b><br/>Cape Companions Veterinary Clinic<br/>SC20 / 1625<br/>Klein Joostenberg Farm,<br/>R304, Muldersvlei<br/>Cell: 060 718 0157<br/>Email: capecompanions@gmail.com</p> |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**WRITTEN DESCRIPTION OF MARKINGS:**  
HEAD: MEDIAN EYE LEVEL WHOLE.

|            |     |                               |
|------------|-----|-------------------------------|
| LEFT FORE  | NIL | BODY / WHORLS                 |
| RIGHT FORE | NIL | LEFT AND RIGHT JUGULAR WHORLS |
| LEFT HIND  | NIL |                               |
| RIGHT HIND | NIL |                               |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

**APPLIKASIE VIR PERDE PASSPOORTE /  
APPLICATION FOR HORSE PASSPORT**  
Geregistreeerde Perde/ Onregistreeerde Perde  
Registered Horses/ Unregistered Horses  
Suitable for movement and export only, not for competitions



**OWNERS DETAILS**

|                  |                    |             |                       |
|------------------|--------------------|-------------|-----------------------|
| Name of owner    | IRENE STEYN        |             |                       |
| ID number        | 83 060 7021 3080   |             |                       |
| Member number    | 067 6597.          |             |                       |
| Address of owner | 21 PLANTATION ROAD | Postal code | irene.steyn7@gmail.co |
|                  | WOODLANDS PARK     |             |                       |
| Telephone        | 07 8299 0191       | E-mail      | 77'80 ↗               |
| Fax              |                    |             |                       |

**DETAILS OF HORSE**

|                                      |                 |            |                 |           |          |  |
|--------------------------------------|-----------------|------------|-----------------|-----------|----------|--|
| Name of horse                        | Prefix          | THABU RE   | Name            | NIENKE    |          |  |
| Registration Number of horse         | 001282473       | BIRTH DATE | SEX             | COLOUR    | BREED    |  |
|                                      |                 | 09/01/2011 | G M F           | BLACK     | FRIESIAN |  |
| RF ID Implant / Micro Chip Number    | Yes/ No         |            | Type of implant | MICROCHIP |          |  |
| If yes, please supply number of code | 4 B 025F 4266 ✓ |            |                 |           |          |  |

**CERTIFICATION BY VETERINARIAN – (SIGN AND STAMP BY VET.)**

  
Signature

Cape Companions Veterinary Clinic  
SC20 / 1625  
Klein Joostenberg Farm,  
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Practice  
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18/08/2022  
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**RETURN TO: PHILNA MOELICH EMAIL: philna@studbook.co.za  
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

| SEX  | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE            | DAM              | REGISTERD NAME |
|------|--------|----------------------------|-----------------|------------------|----------------|
| MARE | BLACK  | 01/01/2011                 | NORLOHDEK EAGLE | VLAKFONTEIN XENA | THABUKE NIENKE |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Outline diagram</b></p> | <p><b>MICROCHIP STICKER</b></p> <p>4 B 62SF4266</p> <p><b>NAME OF VETERINARIAN</b></p> <p>DR LESLEIGH ROUS</p> <p><b>SIGNATURE OF VETERINARIAN</b></p> <p><i>[Signature]</i> BNSC</p> <p><b>DATE</b> 18 / 08 / 2022</p> <p><b>PRACTICE STAMP</b></p> <p>Cape Companions Veterinary Clinic<br/> SC20 / 1625<br/> Klein Joostenberg Farm,<br/> R304, Muldersvlei<br/> Cell: 060 718 0157<br/> Email: capecompanions@gmail.com</p> |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**WRITTEN DESCRIPTION OF MARKINGS:**  
HEAD: MEDIAN BELOW EYE LEVEL WHOLE.

|            |     |               |
|------------|-----|---------------|
| LEFT FORE  | NIL | BODY / WHORLS |
| RIGHT FORE | NIL | THROAT WHOLE. |
| LEFT HIND  | NIL |               |
| RIGHT HIND | NIL |               |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL