

Philna Moelich

From: Johanna | Saddlebred Society (ZA) <johanna@saddlebred.co.za>
Sent: 20 July 2023 11:12 AM
To: Philna Moelich (philna@studbook.co.za)
Cc: elmi@studbook.co.za
Subject: RE: Elra Tonkin Biering Paspoorte
Attachments: Dainty Nite - Copy.pdf; Dare the Professor - Copy.pdf; Honey Honey - Copy.pdf; I am Lightning - Copy.pdf; Kip Moore - Copy.pdf; Learn to Fly - Copy.pdf; Shes Mine - Copy.pdf; Sugar Pie - Copy.pdf

Die epos het teruggekom – te groot.

Ek probeer weer.

Sal jy ontvangs bevestig asb.

Dankie & Vriendelike Groete
Johanna

From: Johanna | Saddlebred Society (ZA)
Sent: Thursday, 20 July 2023 11:01
To: Philna Moelich (philna@studbook.co.za) <philna@studbook.co.za>
Cc: elmi@studbook.co.za
Subject: Elra Tonkin Biering Paspoorte

Hi Philna

Hierby aangeheg is 8 Saalperd paspoorte aansoeke wat jy asb. moet verwerk en direk na Elra stuur by The Courier Guy, Standerton.

Daar was voorheen dokumente na dieselfde adres gestuur – is dit nodig dat ek weer haar besonderhede vir jou stuur Elmi?

Dan was daar 1 Hackney Ponie aansoek ook in die pakkie. Ek stuur dit vir jou met 'n aparte epos. Ek weet nie hoe dit hanteer moet word nie.

Ons gesels gou weer.
Dankie & Vriendelike Groete
Johanna

SADDLEBRED SOCIETY OF SA

Johanna du Toit

General Manager

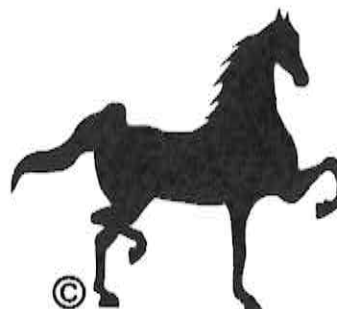
Address: 18 Barlinka Street • Wellington • 7655

Postal: PostNet Suite # 138 • Private Bag X3036 • Paarl • 7620

Cell: 082 561 7149

Email: johanna@saddlebred.co.za

Web: www.saddlebred.co.za



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



OWNER'S DETAILS

Name of owner	Eike Boerdery		
ID number			
Member number			
Address of owner	Plaas de Eike		
	Stamfontein	Postal code	2430
Telephone	072 116 7726	E-mail	admin@eikeboerdery.co.za
Fax			

HORSE DETAILS

Name of horse	Prefix	HHP	Name	Dainty Nibe
Registration Number of horse	39047 13240 007	BIRTH DATE 10/12/2016	BREED	Saalperd
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
03/07/2023	E82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/6/2023	2163	
03/07/2023	C295	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

Practice

Date

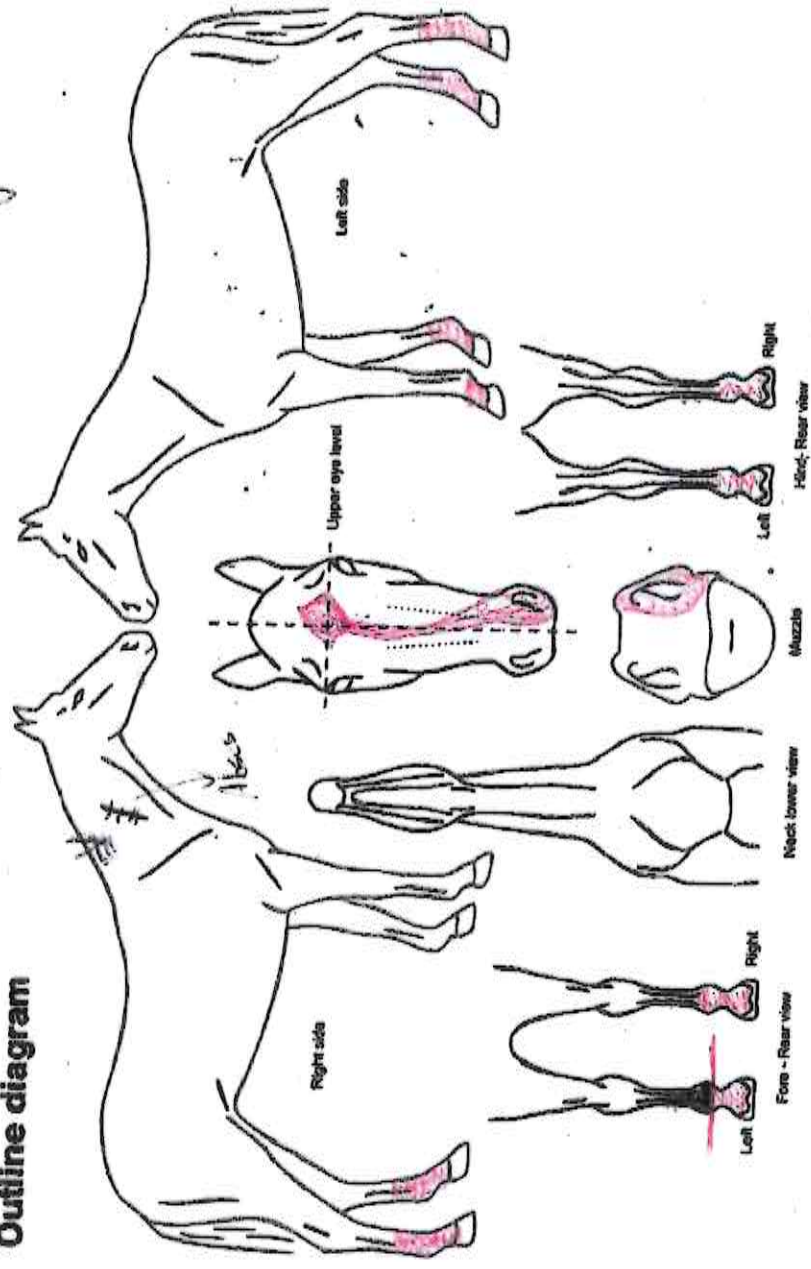
RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

File

SEX ♀	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	TNT	Supervisor
		10/12/16	White	White	White	White

REGISTERED NAME
MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN
Dr A.G. Lessing

SIGNATURE OF VETERINARIAN

DATE 31/7/23

PRACTICE STAMP

Frankfort Dierkliniek
Drs Lessing, Cilliers en van Rensburg
Bus 215, Frankfort, 9830
Tel: 058 813 1044
Fax: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Central elongated star midline to left nostril.

LEFT FORE	White to Pastern
RIGHT FORE	White to mid cannon.
LEFT HIND	White to mid Cannon
RIGHT HIND	White to mid Cannon.

BODY / WHORLS	Right chest whorl
	middle neck

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) Abscess scar right neck.

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



OWNER'S DETAILS

Name of owner	Elra Tonkin		
ID number			
Member number			
Address of owner			
Telephone	082 706 66 31	Postal code	
Fax		E-mail	tonkinbiering@gmail.com

HORSE DETAILS

Name of horse	Prefix	Tierfontein	Name	Honey Honey
Registration Number of horse	13196266	BIRTH DATE	05/05/2015	BREED
				Saalperd
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
3/07/2023	E8 2262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
3/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

Practice

Date

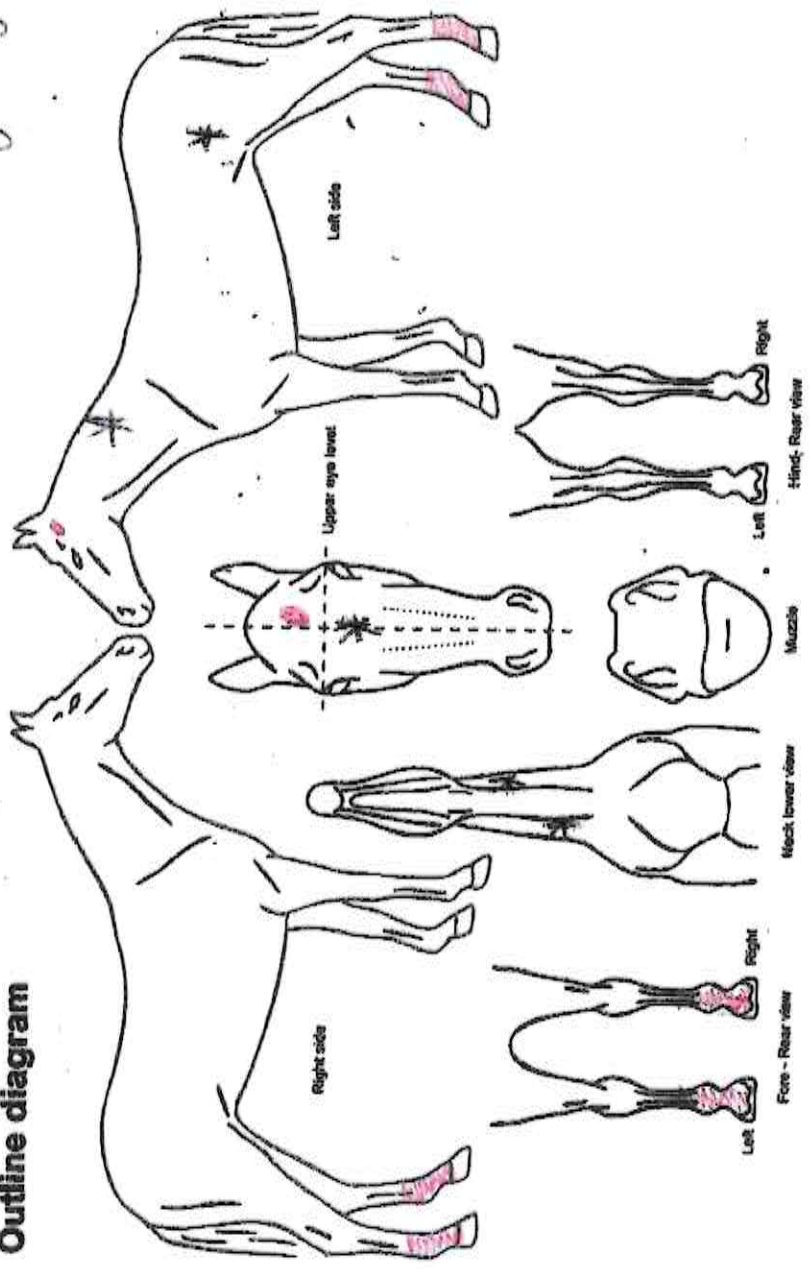
RETURN TO: SADDLE HORSE SOCIETY - PO BOX 3853 - BLOEMFONTEIN - 9300
PHYSICAL ADDRESS: Studbook Building - 118 Henry Street - Westdene - Bloemfontein, 9301

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME	MICROCHIP STICKER
♂	Chestnut	5/5/15	Trujin Fever 15	Angels	Tru-Tan Fever 15	

Outline diagram

M

Outline diagram



NAME OF VETENARIAN Dr. A.G. Lessing



SIGNATURE OF VETENARIAN

DATE 31/7/03

PRACTICE STAMP

Frankfort Dierkliniek
s Lessing, Cilliers en van Rensburg
s 215, Frankfort, 9830
t: 058 813 1044
ks: 058 813 3222

Frankfort Dierkliniek
Drs. Lessing, Cilliers en van Rensburg
Bus 215, Frankfort, 9830
Tel: 058 813 1044
Faks: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Median wheel just below upper eye level. Snout and star above upper eye level.

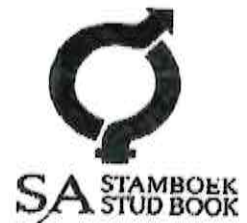
LEFT FORE	Mid cannon
RIGHT FORE	Mid cannon
LEFT HIND	Mid cannon
RIGHT HIND	Mid cannon

BODY / WHORLS

without left scapula
neck below crest.
without above scapula
left.
Whorls on neck

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	Tonkin Saalperd Stoot		
ID number			
Member number			
Address of owner	Postbus 779		
	Stenderfontein	Postal code	2430
Telephone	082 890 32 94	E-mail	
Fax			

HORSE DETAILS

SB9360

Name of horse	Prefix	Tonkin	Name	Kip Moore
Registration Number of horse	52219 13414032	BIRTH DATE	29/09/2002	BREED
				Saalperd
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
03/07/2023	E-8 2262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
03/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

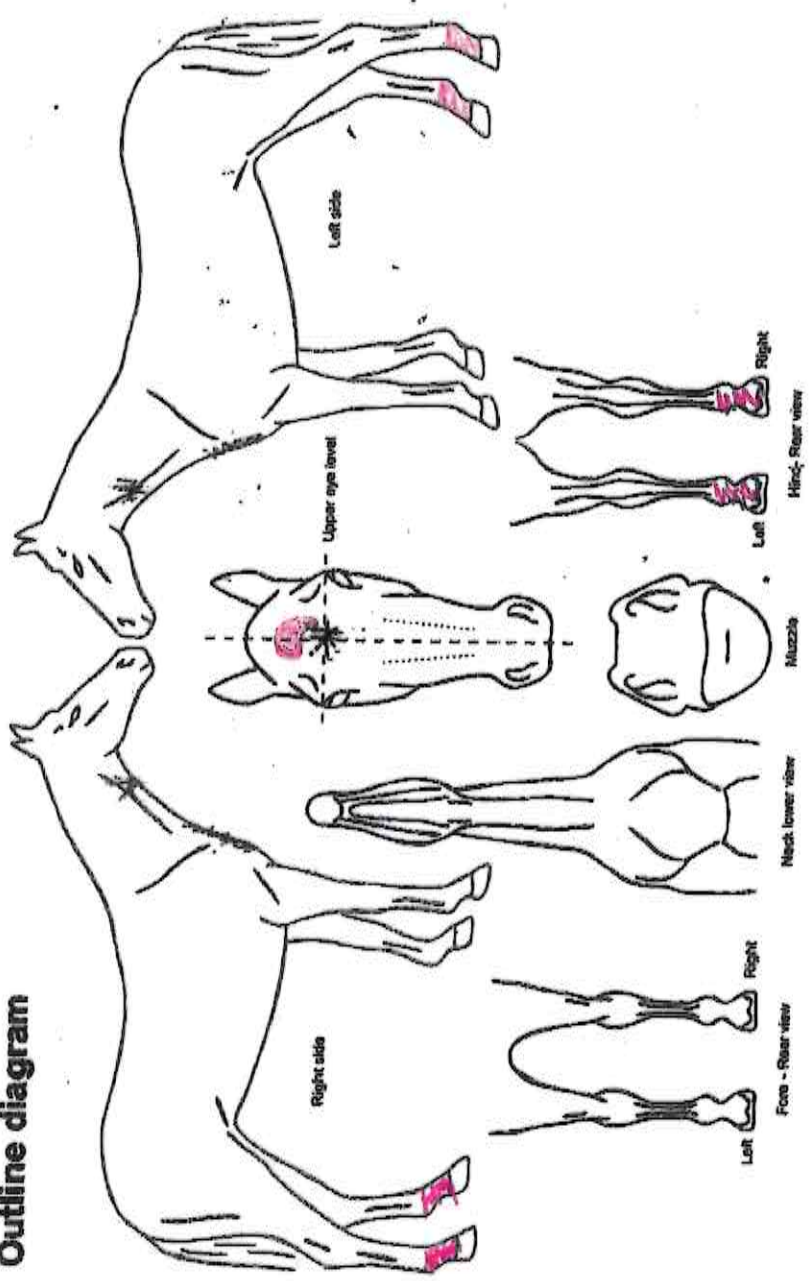
Signature

Practice

Date

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

Macdonald
June

SEX <u>♂</u>	COLOR <u>Chestnut</u>	DATE OF BIRTH (DDMMYY) <u>31/7/23</u>	SIRE <u>None</u>	DAM <u>None</u>	REGISTERED NAME <u>None</u>
Outline diagram 					NAME OF VETERINARIAN <u>Dr. A.G. Lessing</u>
					SIGNATURE OF VETERINARIAN 
					DATE <u>31/7/23</u>
					PRACTICE STAMP Frankfort Dierkliniek Drs Lessing, Cilliers en van Rensburg Bus 215, Frankfort, 9830 Tel: 058 813 1044 Faks: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:
HEAD: Whorl (median) at upper eyelid. One star above.

LEFT FORE	<u>—</u>	BODY / WHORLS
RIGHT FORE	<u>—</u>	<u>Left and right lower neck.</u>
LEFT HIND	<u>White to fetlock.</u>	
RIGHT HIND	<u>White to fetlock.</u>	

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	Tonkin Saalperd Stet		
ID number			
Member number			
Address of owner	Posbus 779		
	Standerfontein	Postal code	2430
Telephone		E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	Tonkin	Name	She's Mine	
Registration Number of horse	54508	BIRTH DATE		BREED	Saalperd
	134141040	31/10/2022			
RF ID Implant / Micro Chip Number	Yes / No		Type of implant		
If yes, please supply number of code					

SB9361

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
03/07/2023	E82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
3/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

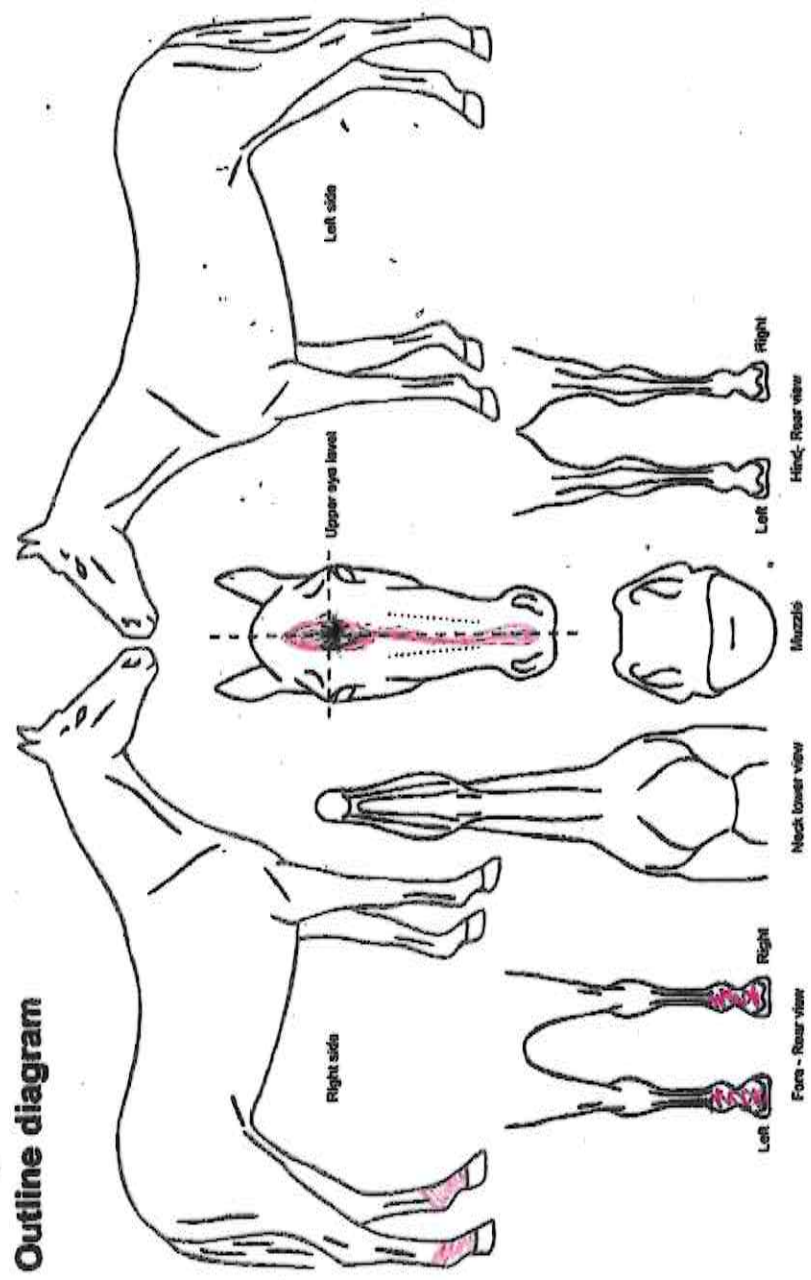
Practice

Date

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

SEX <i>♀</i>	COLOUR <i>Bay</i>	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME <i>Shels mine</i>
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Outline diagram



NAME OF VETERINARIAN *D.A.G. Lessing*

SIGNATURE OF VETERINARIAN *[Signature]*

DATE *31/7/23*

PRACTICE STAMP

Frankfort Dierkliniek
 Drs Lessing, Cilliers en van Rensburg
 Bus 215, Frankfort, 9830
 Tel: 058 813 1044
 Faks: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: *Median whorl at upper eye level. Central elongated star on midline between nostrils*

LEFT FORE	—
RIGHT FORE	—
LEFT HIND	<i>Just above fetlock</i>
RIGHT HIND	<i>Just above fetlock</i>

BODY / WHORLS	<i>On upper eye level</i>

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	E S Pretorius		
ID number			
Member number			
Address of owner	Posbus 6977		
	Standerton	Postal code	2430
Telephone	082 44 89108	E-mail	
Fax	eubus@heymanstokke.co.za		

HORSE DETAILS

Name of horse	Prefix		Name	Dare the Professor	
Registration Number of horse	51719 13410675	BIRTH DATE	27/10/2022	BREED	Saalperd
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
03/07/2023	E 82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
03/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

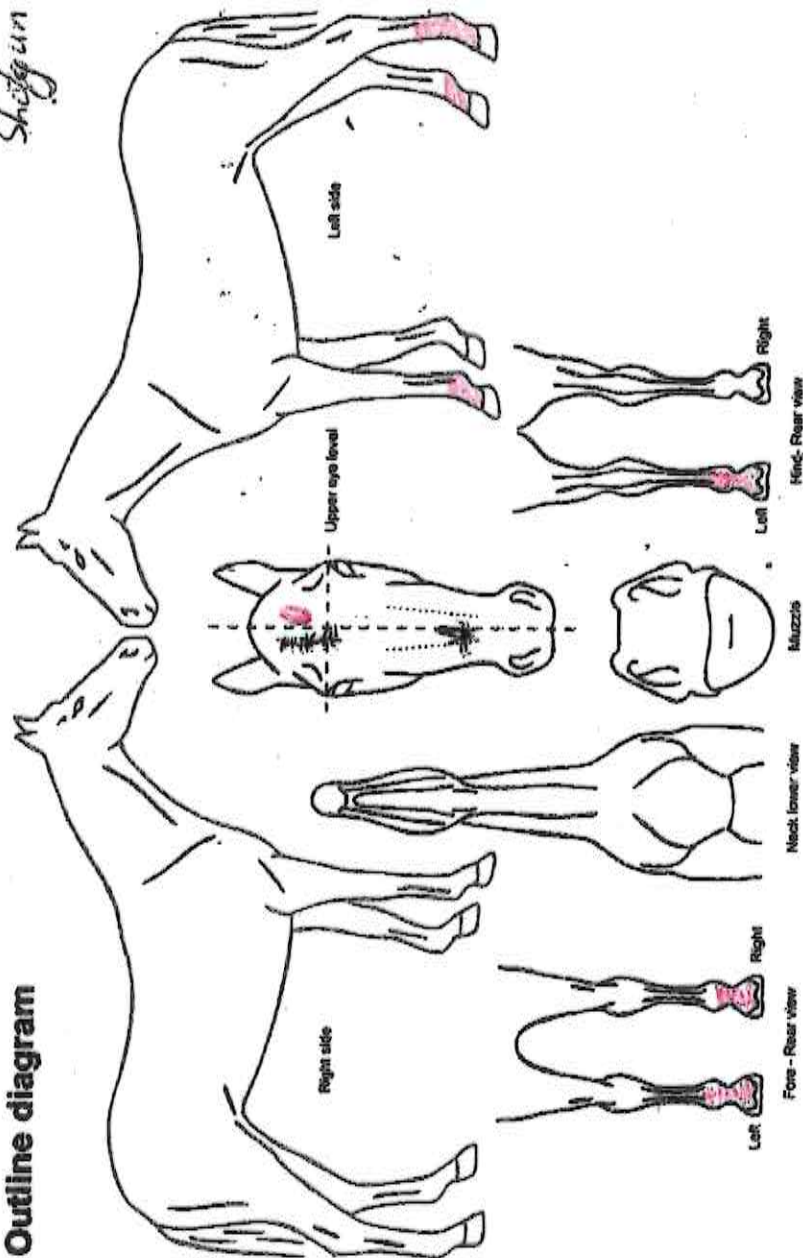
Practice

Date

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

SEX <u>♂</u>	CLOUR <u>Chestnut</u>	DATE OF BIRTH (DD/MM/YYYY) <u>22</u>	SIRE <u>Panagiotis Borens</u>	DAM <u>DAM</u>
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Outline diagram



NAME OF VETERINARIAN
Dr. A.G. Lessing

SIGNATURE OF VETERINARIAN
[Signature]

DATE 3/7/23

PRACTICE STAMP

Frankfort Dierkliniek
Drs Lessing, Cilliers en van Rensburg
Bus 215, Frankfort, 9830
Tel: 058 813 1044
Faks: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Median wheel on bridge of nose. Wheel at upper eye level left of median's Owl star above.

LEFT FORE	<u>Up to Fetlock.</u>
RIGHT FORE	<u>—</u>
LEFT HIND	<u>Up to hock.</u>
RIGHT HIND	<u>Up to Fetlock</u>

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	Thinus v.d. Walt		
ID number			
Member number			
Address of owner			
		Postal code	
Telephone	084 580 4335	E-mail	
Fax	jolene@hidrokleen.co.za		

HORSE DETAILS

Name of horse	Prefix	VicWes	Name	I am lightning
Registration Number of horse	37939 13 247572	BIRTH DATE	24/09/2016	BREED
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
03/07/2023	E 82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
03/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

Practice

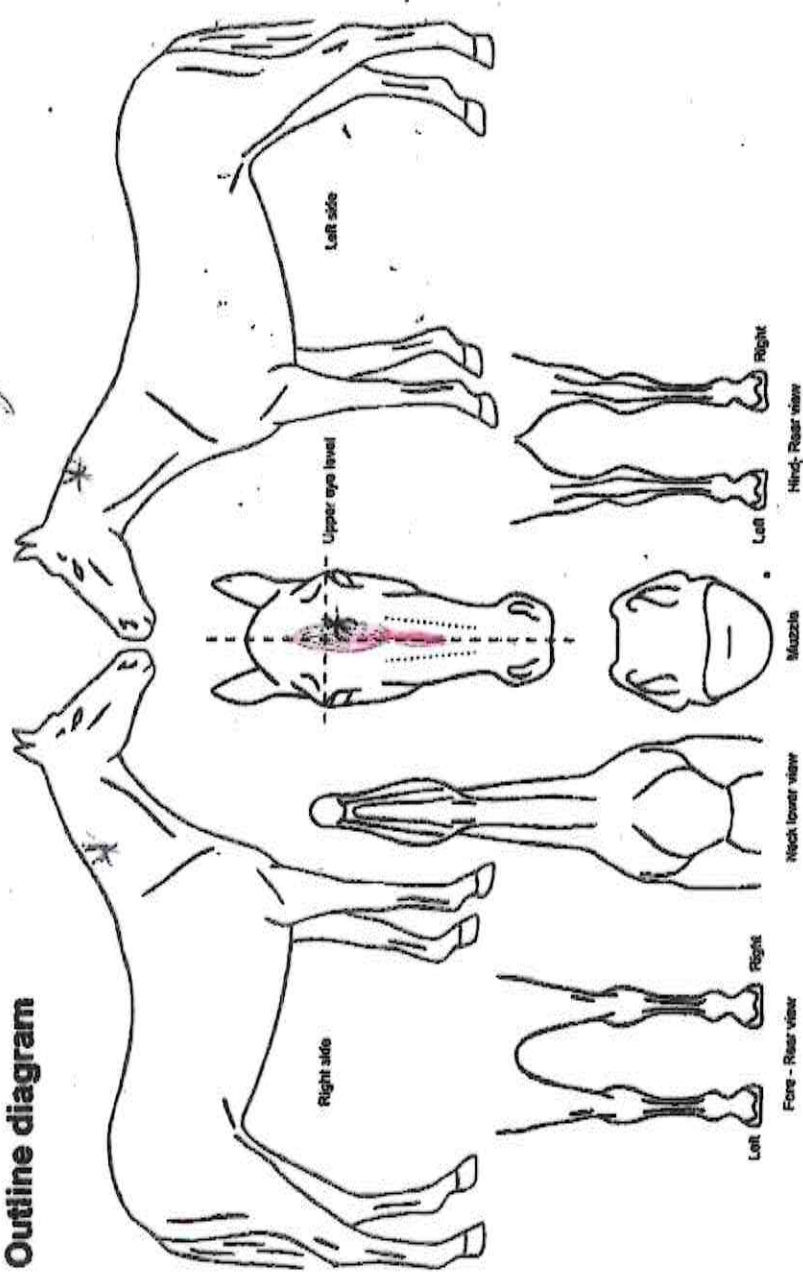
Date

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

SEX Q COLOUR beige Chestnut DATE OF BIRTH (DDMMYYYY) 01/01/2019 SIRE Drayton's Star DAM Drayton's Light

MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN
Dr. A. G. Lessing

SIGNATURE OF VETERINARIAN

DATE 31/7/23

PRACTICE STAMP
Dierklinik
Drs Lessing, Cilliers en van Rensburg
Bus 215, Frankfort, 9830
Tel: 058 813 1044
Fax: 058 813 3222

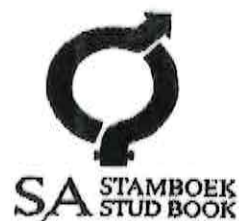
WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Whorl just below upper eye level right. Central elongated star from above eye level to middle of head.

LEFT FORE	—	BODY / WHORLS
RIGHT FORE	—	left and right
LEFT HIND	—	crest.
RIGHT HIND	—	

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	Eka Tonkin		
ID number			
Member number			
Address of owner			
		Postal code	
Telephone	082 7066621	E-mail	tonkinbiering@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	Nama	Name	Learn to fly
Registration Number of horse	35987 131 75948	BIRTH DATE 12/01/2014	BREED	Saalperd
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
3/7/2023	E82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/6/2023	2163	
3/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

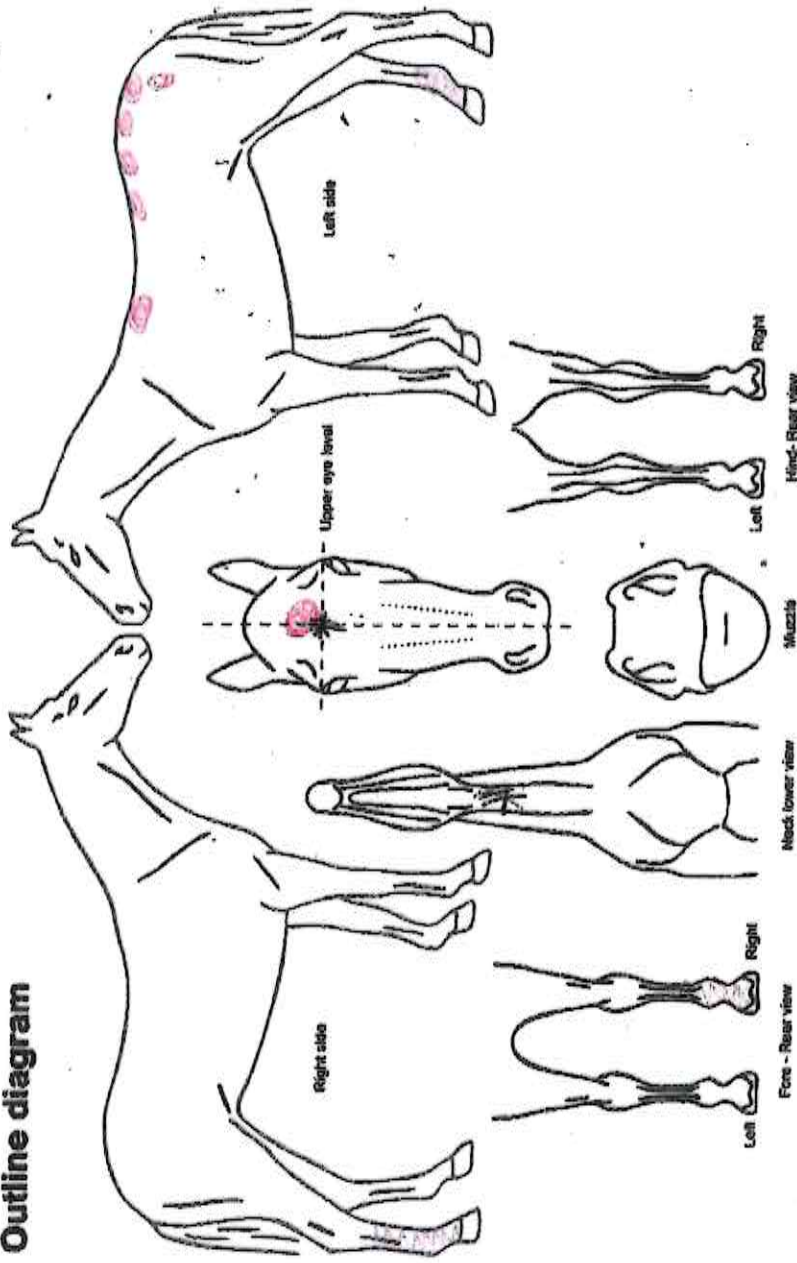
Practice

Date

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

SEX of ♀ COLOUR Chestnut DATE OF BIRTH (DD/MM/YYYY) 12/1/14 SIRE Viking Gest DAM Nanna Dramborg REGISTERED NAME reborn ridge lead to the forest MICROCHIP STICKER

Outline diagram



NAME OF VETERINARIAN

Dr. A. G. Lessing

SIGNATURE OF VETERINARIAN

[Signature]

DATE 31/7/23

PRACTICE STAMP

Frankfort Dierklinik
Drs Lessing, Cilliers en van Rensburg
Bus 215, Frankfort, 9830
Tel: 058 813 1044
Faks: 058 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Ovoid star above upper eye level; Whorl median on upper eye level.

LEFT FORE	<u>—</u>
RIGHT FORE	<u>—</u>
LEFT HIND	<u>—</u>
RIGHT HIND	<u>White to mid cannon.</u>

BODY / WHORLS	<u>Whorl midline upper eye level.</u>

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) White spots on left hind midline

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



OWNER'S DETAILS

Name of owner	Me E. Lotz		
ID number			
Member number			
Address of owner	Posbus 195		
	Standerton	Postal code	2430
Telephone	0725842662	E-mail	
Fax			

HORSE DETAILS

Name of horse	Prefix	lotzse	Name	lotzse Sugar Pie SB9364
Registration Number of horse	13409560 54188	BIRTH DATE	20/10/2022	BREED Saalperd
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
03/07/2023	E 82262	
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine
13/06/2023	2163	
03/07/2023	C285	

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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

Signature

Practice

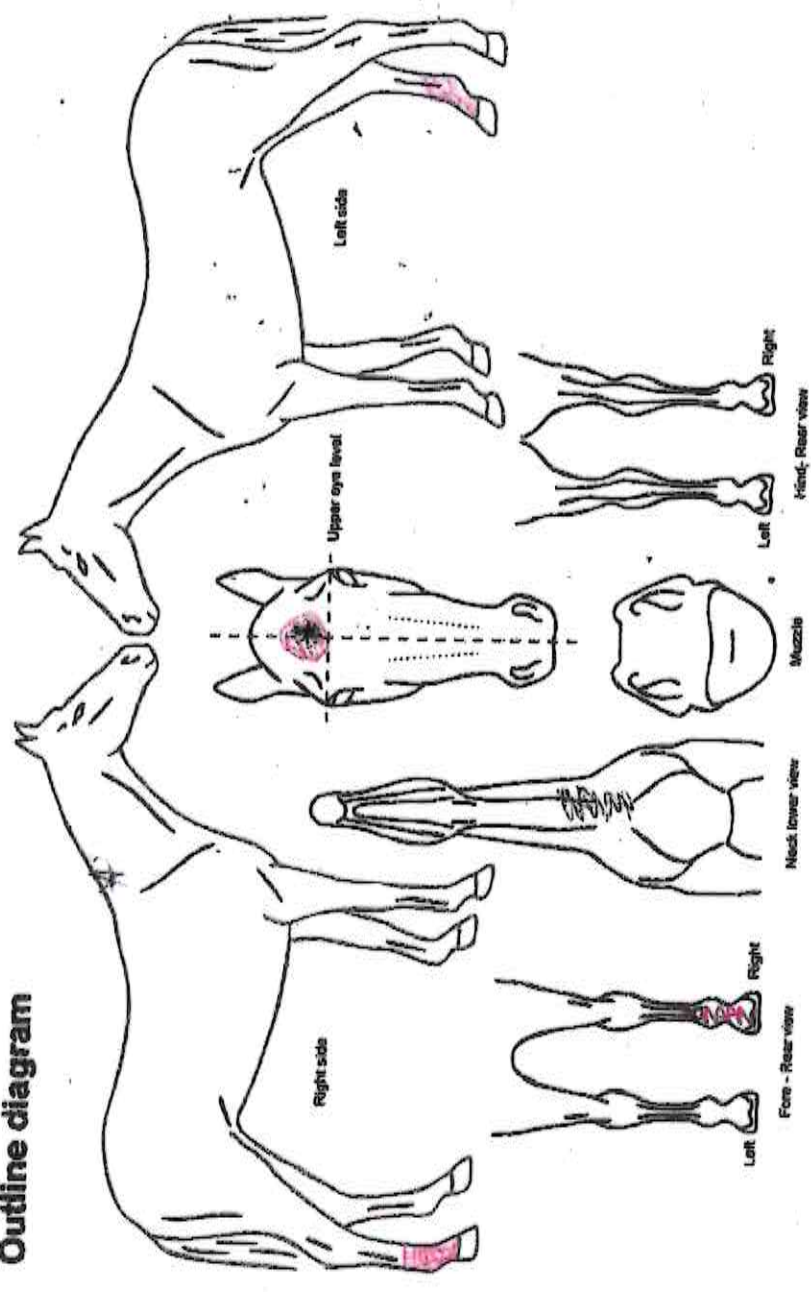
Date

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

Elo 10/12

SEX ♀	COLOR Chestnut	DATE OF BIRTH (DD/MM/YYYY) 22	SIRE Tonkin mistel	DAM S.H. Shine 4	REGISTERED NAME Letze Saar 116	MICROCHIP STICKER
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Outline diagram



NAME OF VETERINARIAN

Dr. A. G. Lessing

SIGNATURE OF VETERINARIAN

DATE 31.7.23

PRACTICE STAMP

Praktijk Pierokliniek
Postbus 11111, 3713 CA Dordrecht
T 0148 813 1044
F 0148 813 3222

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Median whorl at upper eye level. Ovoid star above

LEFT FORE	—
RIGHT FORE	—
LEFT HIND	—
RIGHT HIND	White to mid cannon

BODY / WHORLS

Right neck crest
Lower neck big
whorl

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) —