

**APPLICATION FOR HORSE PASSPORT**  
Registered Horse & Non Registered Horse



**OWNER'S DETAILS**

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

**HORSE DETAILS**

|                                      |                                                                 |                      |                 |                     |
|--------------------------------------|-----------------------------------------------------------------|----------------------|-----------------|---------------------|
| Name of horse                        | Prefix                                                          | Ventana              | Name            | Danish<br>Maverick  |
| Registration Number of horse         | 49499                                                           | BIRTH DATE           | 02/10/2021      | BREED               |
|                                      |                                                                 |                      |                 | American<br>Saddler |
| RF ID Implant / Micro Chip Number    | <input checked="" type="radio"/> Yes / <input type="radio"/> No | 9440000000-<br>27389 | Type of implant | Micro Chip          |
| If yes, please supply number of code |                                                                 |                      |                 |                     |

**VACCINATION DETAILS**

|                                                             |                             |                                                                |
|-------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|
| Date of two most recent Equine Influenza Vaccinations       | Name & Batch No. of Vaccine | Name of person who administered Influenza Vaccine              |
|                                                             |                             |                                                                |
| Date of two most recent African Horse Sickness Vaccinations | Name & Batch No. Of Vaccine | Name of person who administered African Horse Sickness Vaccine |
|                                                             |                             |                                                                |

**CERTIFIED BY VETERINARIAN – (SIGNED AND STAMPED)**

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

WZ/BVSc  
Signature

Dr Maryke van Zyl  
Practice veterinarian

07/07/2023  
Date

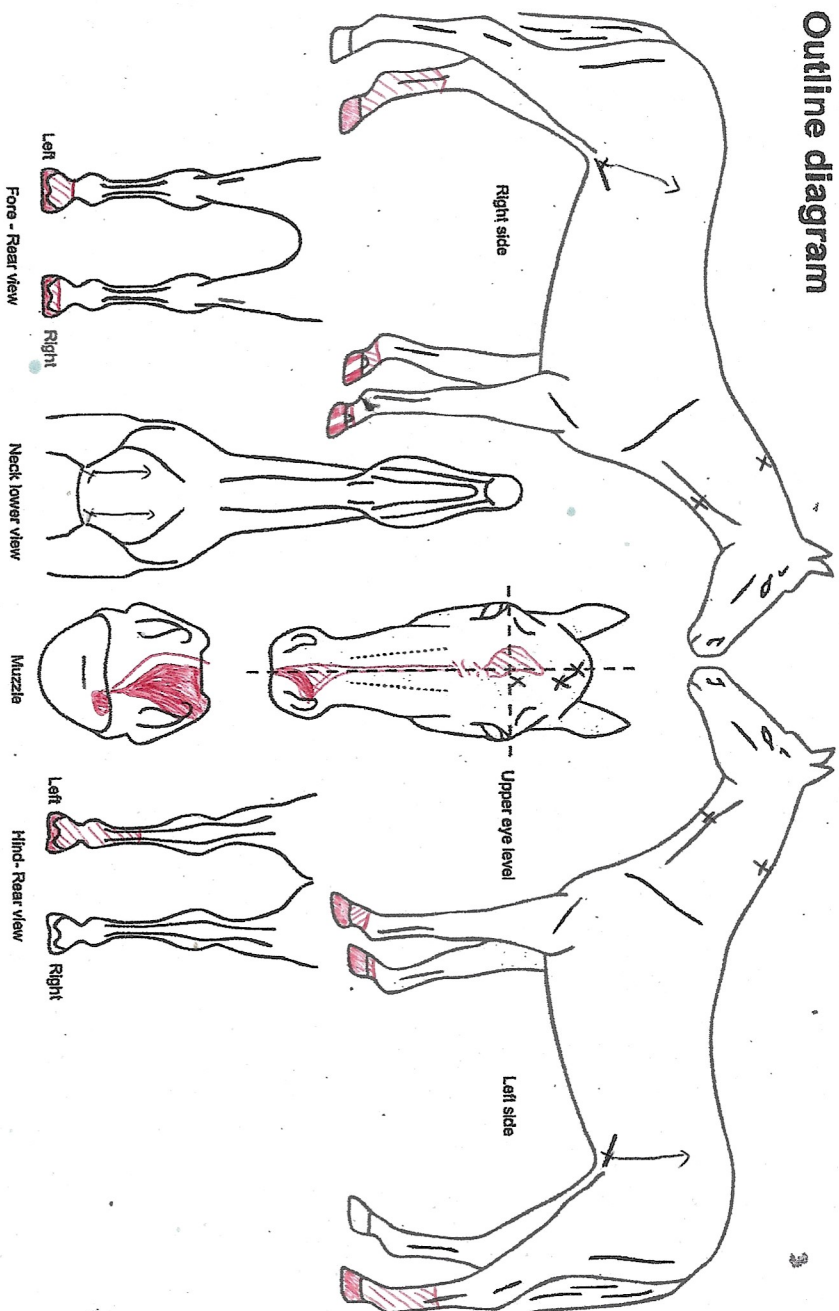
**RETURN TO: PHILNA HATTINGH FAX: 051-4473964**  
**SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300**

**Dr. Maryke van Zyl**  
(BVSc)  
+27 84 840 0048  
r.marykevanzyl@gmail.com

Gelding Flaxen chaslm

| SEX     | COLOUR       | DATE OF BIRTH (DD/MM/YYYY) | SIRE                  | DAM               | REGISTERED NAME         |
|---------|--------------|----------------------------|-----------------------|-------------------|-------------------------|
| Gelding | Flaxen Ussat | 02/10/2021                 | Den Mark's Highlander | First place Queen | Ventana Danish Maverick |

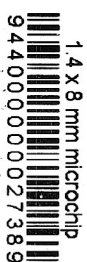
## Outline diagram



**WRITTEN DESCRIPTION OF MARKINGS:** TWO CONNECTED DIAGONAL FORELOCK WHORLS. WHORL ABOVE EYE LEVEL TO LEFT OF MEDIAN HEAD: STR. TO RIGHT OF WHORL. THIN CONNECTED MIXED STRIPE ENDING IN THIN BORDERED STRIPE WITH SNIP. ENTERING & LEFT NOSTRIL WITH FLESHMARK. FLESHMARK PATCH ON LOWER LIP.

|            |                                                                       |
|------------|-----------------------------------------------------------------------|
| LEFT FORE  | POSTER WITH CHESTNUT SPOT AND DISTINCTLY STRIPED HOOF ON INSIDE       |
| RIGHT FORE | HALF POSTER WITH CHESTNUT SPOT ON OUTSIDE AND DISTINCTLY STRIPED HOOF |
| LEFT HIND  | THREE QUARTER CANNON WHITE HOOF                                       |
| RIGHT HIND | NIL                                                                   |

MICROCHIP STICKER



NAME OF VETERINARIAN

Dr. Maryke van Zyl

SIGNATURE OF VETERINARIAN

*[Signature]*

DATE 01/01/2023

PRACTICE STAMP

Dr. Maryke van Zyl  
(BVSc)  
+27 84 840 0048  
dr.marykevanzyl@gmail.com  
WELLINGTON

BODY/WHORLS

\* COMMON PECTORAL AND  
FLANK WHORLS  
BILATERAL JUGULAR  
WHORLS CIRCULAR  
BILATERAL MID CREST  
WHORLS

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL