APPLICATION FOR HORSE PASSPORT

Registered horses

OWNERS DETAILS

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

DETAILS OF HORSE

Name of horse	Prefix		Name	
Registration Number of horse		**BIRTH DATE**	**BREED**	
RF ID Implant	Yes / No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

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

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

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

_____ _____ _____

Signature Practice Date

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

RETURN TO: ELSA VAN DEN BERG FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300