



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

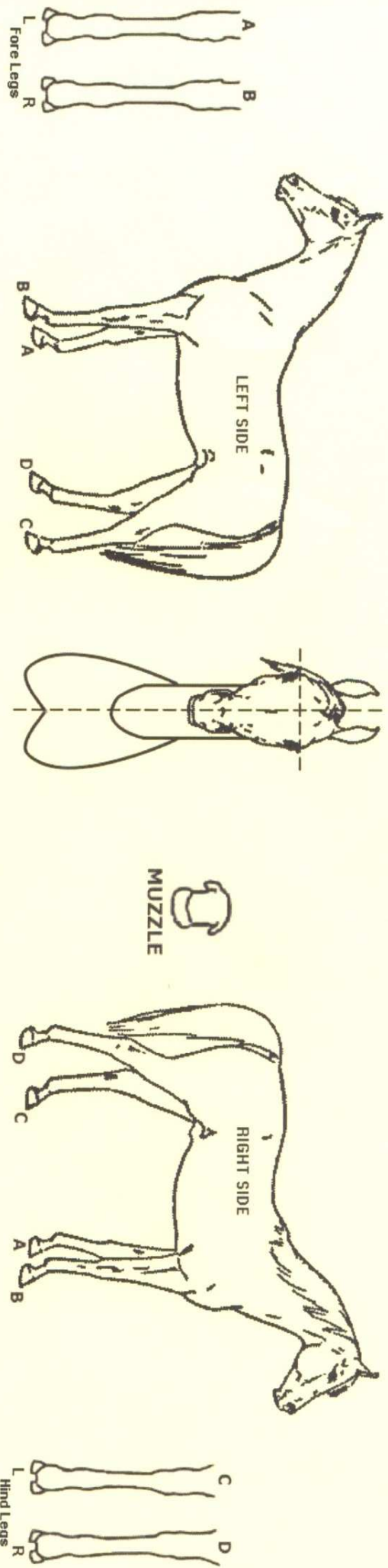
Date

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

SEX	COLOUR	DATE OF BIRTH	SIRE	DAM
ALL WHORLS MUST BE SHOWN AND CORRECTLY POSITIONED BY MEANS OF A CROSS				

REGISTERED NAME



WRITTEN DESCRIPTION OF MARKINGS

HEAD

LEGS	A	LEFT FORE	BODY
	B	RIGHT FORE	
	C	LEFT HIND	
	D	RIGHT HIND	

MARKINGS IF ANY SUBSEQUENTLY ACQUIRED

NAME OF VETENARIAN _____ PRACTICE STAMP _____

SIGNATURE OF VETENARIAN _____ DATE _____ PASSPORT NO. _____