

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



**OWNER'S DETAILS**

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

**HORSE DETAILS**

Name of horse	Prefix		Name	
Registration Number of horse		BIRTH DATE	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
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)**

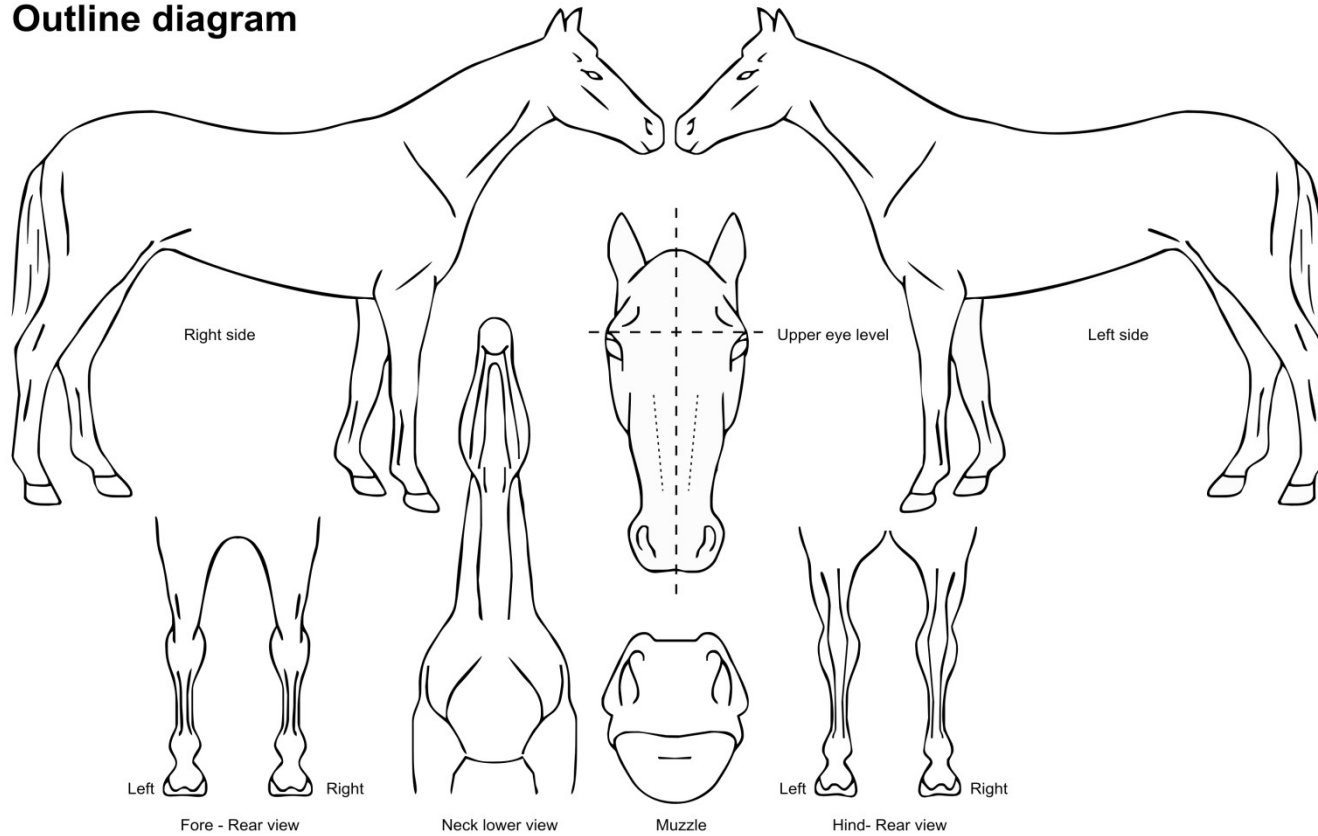
I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

\_\_\_\_\_  
Signature Practice Date

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

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME

**Outline diagram**



**MICROCHIP STICKER**

**NAME OF VETENARIAN**

\_\_\_\_\_

**SIGNATURE OF VETENARIAN**

\_\_\_\_\_

**DATE** \_\_\_/\_\_\_/\_\_\_

**PRACTICE STAMP**

**WRITTEN DESCRIPTION OF MARKINGS:**

**HEAD:** \_\_\_\_\_

<b>LEFT FORE</b>		<b>BODY / WHORLS</b>
<b>RIGHT FORE</b>		
<b>LEFT HIND</b>		
<b>RIGHT HIND</b>		

**ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)** \_\_\_\_\_