

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