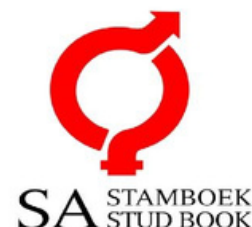


**APPLICATION FOR HORSE PASSPORT**  
**Registered Horse & Non Registered Horse**



**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**

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: SADDLE HORSE SOCIETY- PO BOX 3853 – BLOEMFONTEIN – 9300**  
**PHYSICAL ADDRESS: Studbook Building - 118 Henry Street – Westdene - Bloemfontein, 9301**