



SASJ Horse Registration Application Form



HORSE CHANGE OF OWNERSHIP

HORSES Current Name	EBB & FLOW WHISPER	SAEF REGISTRATION No	
Horses Birth Name	Whisper	Passport No	35649
Sire:		Dam:	
Sire of Dam:		Colour:	Grey
Country of Birth:	SA	Date of Birth	2007
Gender:	Female	Commercial Name	

PREVIOUS OWNER DETAILS

Previous Owner	Anthony Kay		
Previous Owner ID No	7606255133087	Province	EC
Cell No	0833670126	Email	EBB&FLOWSTABLES@YAHOO.COM
Previous Owner Signature	[Signature]		
DATE	11/06/15		

If previous owner cannot sign the above for any reason – a certified Affidavit must accompany this application with all the details of the purchase or transfer of ownership detailed in the affidavit.

NEW OWNER DETAILS

Name of Owner - must be a current SASJ member	Andrea Jean van Steyn		
SASJ Membership Number	SASJ 55 44 3		
RSA ID Number	0301270024 088		
Address	29 meadow hoods Hilltop Rd, Lovemore Park		
Home Tel	041 3674990	Work Tel	
Cell	082 7766519	Email	Lallav@telkomsa.net
Joint Owner - must be a SASJ current member			
Membership Number			
RSA ID Number			
Address			
Home Tel		Work Tel	
Cell		Email	

Documents Required: Copy of Passport ownership page and the Identification Sketches must be provided.

Height certificates for Pony Registration must be provided. #

Membership only valid once confirmation is received in writing from Showjumping SA

I confirm I am the owner of the horse/pony and I agree to comply and be bound by the regulations of Showjumping SA

Name: L. van Steyn

Signature: [Signature]

Date: 12/06/15

Email forms to: admin@sashowjumping.co.za

Horse Change of Ownership = R100

Payments to: SANEF – Jumping

NEDBANK - Northern Gauteng Branch Code: 146905

Account No: 1032 750 979

REFERENCE: Your Name & SAEF Registration No

PASSPORT No.		SIGNATURE & STAMP OF REGIONAL BODY SECRETARY OR THE FEDERATION	
NAME OF HORSE WHISPER		Eastern Cape Horse Society <i>M. Meyer</i>	
CHANGE OF NAME & DATES		MICROCHIP No	
		THE HEIGHT OF THE HORSE IS RECORDED ON PAGE 55	
YEAR OF BIRTH ± 2007	COUNTRY OF BIRTH SA	BREED	PP NUMBERS
		SIRE	
SEX MARE	COLOUR GREY	DAM	
		SIRE OF DAM	

DESCRIPTION OF MARKINGS - USE BLOCK CAPITALS ONLY AND COMPLETE OUTLINE DIAGRAM

HEAD ONE VERTICAL WHORL BELOW EYE LEVEL, FEATHERED ABOVE AND BELOW. FLESH MARK BETWEEN NOSTRILS AND CHEEK.

NECK

LEFT FORE GREY

RIGHT FORE WHITE

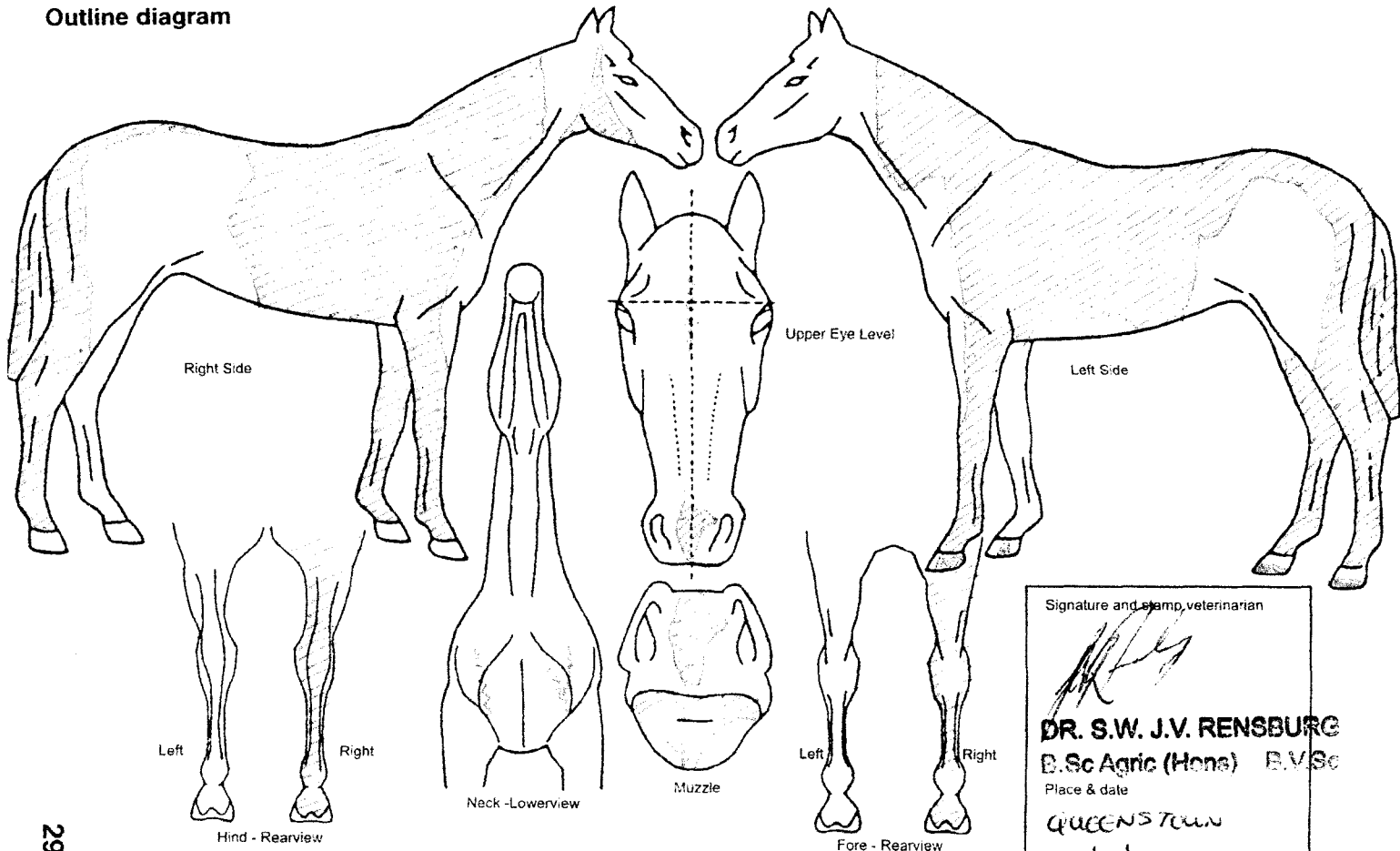
LEFT HIND GREY

RIGHT HIND WHITE

BODY GREY WITH WHITE PATCHES, WHITE HAIR IN TAIL RT AND LT CHEST WHORLS WITH POINTS

ACQUIRED (BRAND / FREEZE MARKS OR PERMANENT SCARS)

Outline diagram



Signature and stamp, veterinarian

[Signature]

DR. S.W. J.V. RENSBURG
 B.Sc Agric (Hons) B.V.Sc
 Place & date
 QUEENSTOWN
 9/1/2011

Vaccination Record - AFRICAN HORSE SICKNESS only

Details of every African Horse Sickness Vaccination which the horse undergoes must be entered clearly and in detail.

Innoculation and certification by a registered veterinarian is compulsory.

Date of Vaccination D M Y			Type, Name and Batch No. of Vaccine	Name and address of Veterinarian (Print Please)	Signature
9	11	2011	AHS I 193	Box 2033, KORMAN, 5322 DR. S.W. J.V. RENSBURG B.Sc Agric (Hons) B.V.Sc	
30	11	2011	AHS II 231	DR. S.W. J.V. RENSBURG B.Sc Agric (Hons) B.V.Sc	
30	10	2012	AHS I 109	PO BOX 2033 KORMAN, 5322 DR G.A. GODLEY	
22	11	2012	AHS II 237	DR G.A. GODLEY PO BOX 2033 KORMAN, 5322	
22	11	2013	AHS I 108	DR G.A. GODLEY PO BOX 2033 KORMAN, 5322	
18	12	2013	AHS II 236	DR G.A. GODLEY PO BOX 2033 KORMAN, 5322	
12	12	14	AHS I 124	Dr. H. Meyer BVSc. 9th AVENUE VET CLINIC 5322	
08	01	15	AHS II 248	Dr. H. Meyer BVSc 9th Ave Vet Clinic	
			AHS I		
			AHS II		
			AHS I		
			AHS II		

Date of Vaccination D M Y			Type, Name and Batch No. of Vaccine	Name and address of Veterinarian (Print Please)	Signature
			AHS I		
			AHS II		
			AHS I		
			AHS II		
			AHS I		
			AHS II		
			AHS I		
			AHS II		
			AHS I		
			AHS II		