

PASSPORT (DOCUMENT OF DESCRIPTION)

(Part 1)

NAME *(Nom)*

SIRE *(Père)* PRIDE OF DUBAI (AUS)

DAM *(Mère)* DUCHESS DIVA (IRE)

SECTION I

IDENTIFICATION DETAILS PART A *(Parte A - Données d'identification)*

1(a) SPECIES *(Espèce)*

Horse *(Cheval)*

1(b) SEX *(Sexe)*

Filly

2(a) DATE OF BIRTH

(Date de Naissance)

29th Apr 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR *(Couleur)*

Chestnut

11. ISSUING AUTHORITY

(Autorité Émettrice)



WEATHERBYS

Sharon Lyons

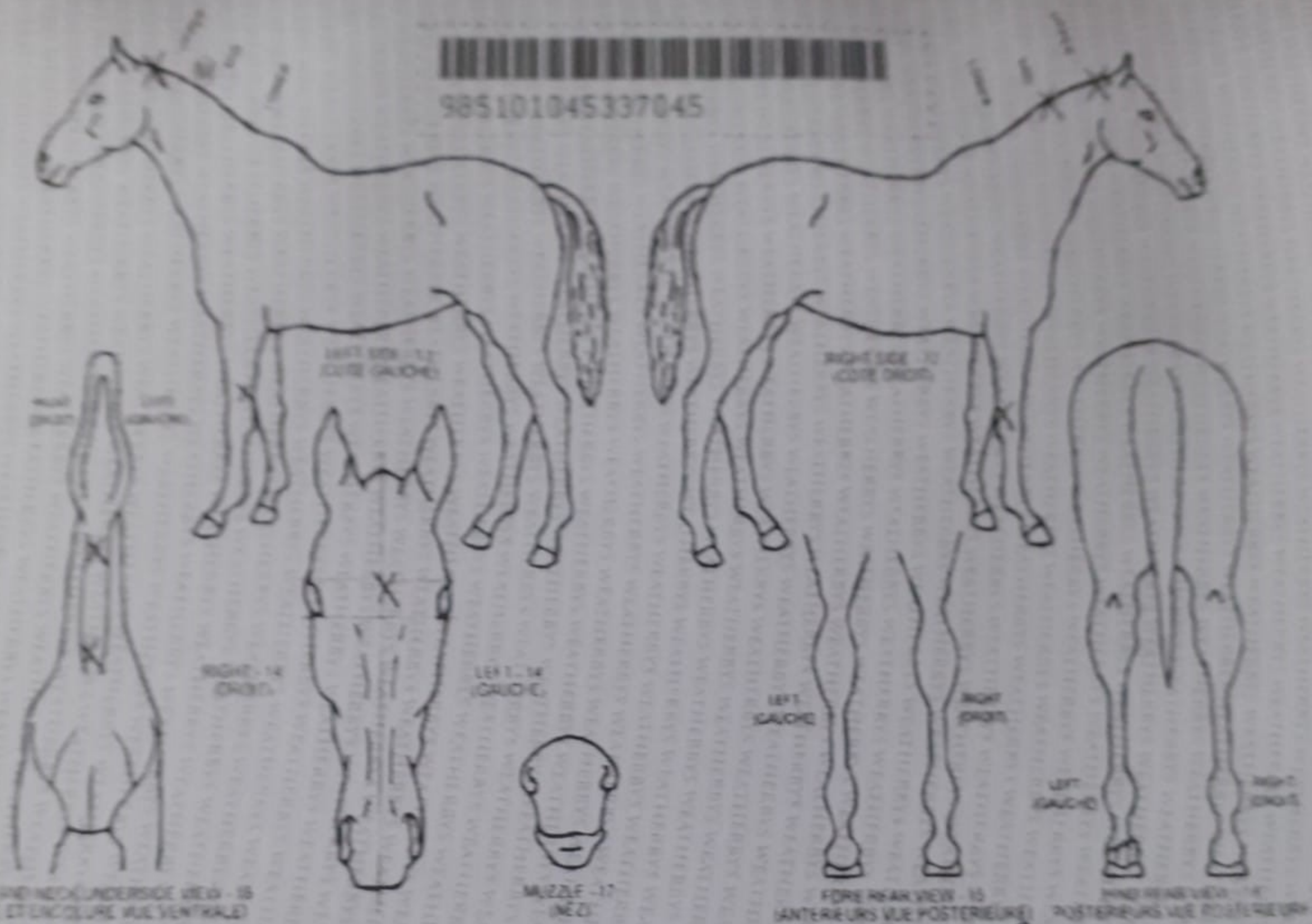
Sharon Lyons
Sharon Lyons



STAMP (continued)



985101045337045



NAME AND ADDRESS OF VETERINARY SURGEON

Mr Justin Browne MVB MRCVS
Equally Veterinary Clinic
Roughan Binn
Enniscorthy Co Wick

SIGNATURE OF VETERINARY SURGEON

I certify that I have read and understood the instructions
contained in the 'Manual' with the number 2014/01/01
and the 'Manual' and approved the 'Manual' of the
European Commission of 2014/01/01 and the
'Manual' issued for the purpose of

- Bloodsampled the animal
- Inserted a Vetscanner Microchip into the animal
- Scanned and read a Vetscanner Microchip (previously inserted)

DATE OF EXAMINATION

12/11/2020

TOWN/LAND WHERE FOAL WAS BORN

COUNTRY OF BIRTH

Ireland

AGE ESTIMATE OF ANIMAL:

KEEPER NAME & ADDRESS:

EPN NUMBER:

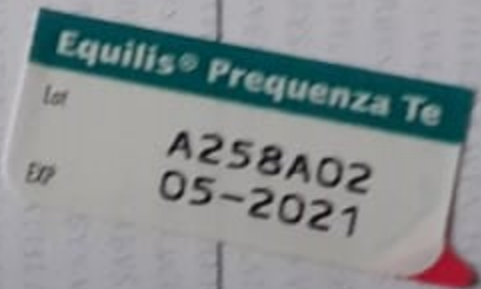
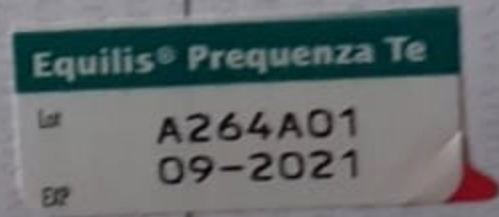
DAM'S MICROCHIP NO.

VACCINATIONS FOR EQUINE INFLUENZA

SECTION VII

Equine influenza only or equine influenza using combined vaccines/
Grippe équine seulement ou Grippe équine dans des vaccins combinés

Vaccination record: Details of every vaccination which the equine animal has undergone must be entered clearly and in detail, and completed with the name and signature of the veterinarian. Altered vaccination details and dates are not acceptable.
Enregistrement des vaccinations: Toute vaccination subie par l'équidé doit être mentionnée dans le tableau ci-dessous de façon lisible et précise; celle-ci doit être complétée du nom et de la signature du vétérinaire. Les dates et vaccinations ne peuvent pas être modifiées.

Date/ Date	Place/ Lieu	Country/ Pays	Vaccine/ Vaccin			Practice Stamp, name (in capitals) and signature of veterinarian/ Nom en capitales et signature du vétérinaire
			Name/ Nom	Batch Number/ Numéro du lot	Disease(s)/ Maladie(s)	
1. Initial Vaccination/ Première vaccination 03.06.20	KILDARE	IRE				SYCAMORE LA Equine Hospital The Curragh, Co. DU ERMAN O'DONOGHUE
2. Between 21 - 92 days later/ Entre 21 - 92 jours 14.07.20	KILDARE	IRE				SYCAMORE LA Equine Hospital The Curragh, Co. DU ERMAN O'DONOGHUE
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

Altered vaccination details and dates are not acceptable.
Les dates et vaccinations ne peuvent pas être modifiées

If the primary vaccination sequence needs to be restarted, please mark the entries in the annual vaccinations section below, using 1, 2 and 3 as overleaf.
Si la séquence des vaccins primaires doivent être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marquées 1, 2 et 3 comme ci-dessus.

Date/ Date	Place/ Lieu	Country/ Pays	Vaccine/ Vaccin	Practice Stamp, name (in capitals) and signature of veterinarian
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