

PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom)

SIRE (Père) **EPAULETTE (AUS)**

DAM (Mère) **ALL ABOUT GRACE (USA)**

SECTION I

IDENTIFICATION DETAILS PART A (Partie A - Données d'identification)

1(a) SPECIES (Espèce)

Horse (Cheval)

1(b) SEX (Sexe)

Colt

2(a) DATE OF BIRTH

(Date de Naissance)

26th Feb 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR (Robe)

Bay

11. ISSUING AUTHORITY
(Autorité Émettrice)



WEATHERBYS

Russell Ferris

RUSSELL FERRIS
Stud Book Director



White star with whorl enclosed midline

HEAD - (3b)
(TÊTE)

white snip between nostrils

Fleshmark upper lip

LF (AG)
(3c)

No markings

RF (AD)
(3d)

No Markings

LH (PG)
(3e)

No Markings

RH (PD)
(3f)

No Markings

BODY / NECK
(3g) (CORPS)

Bilateral poll whorls

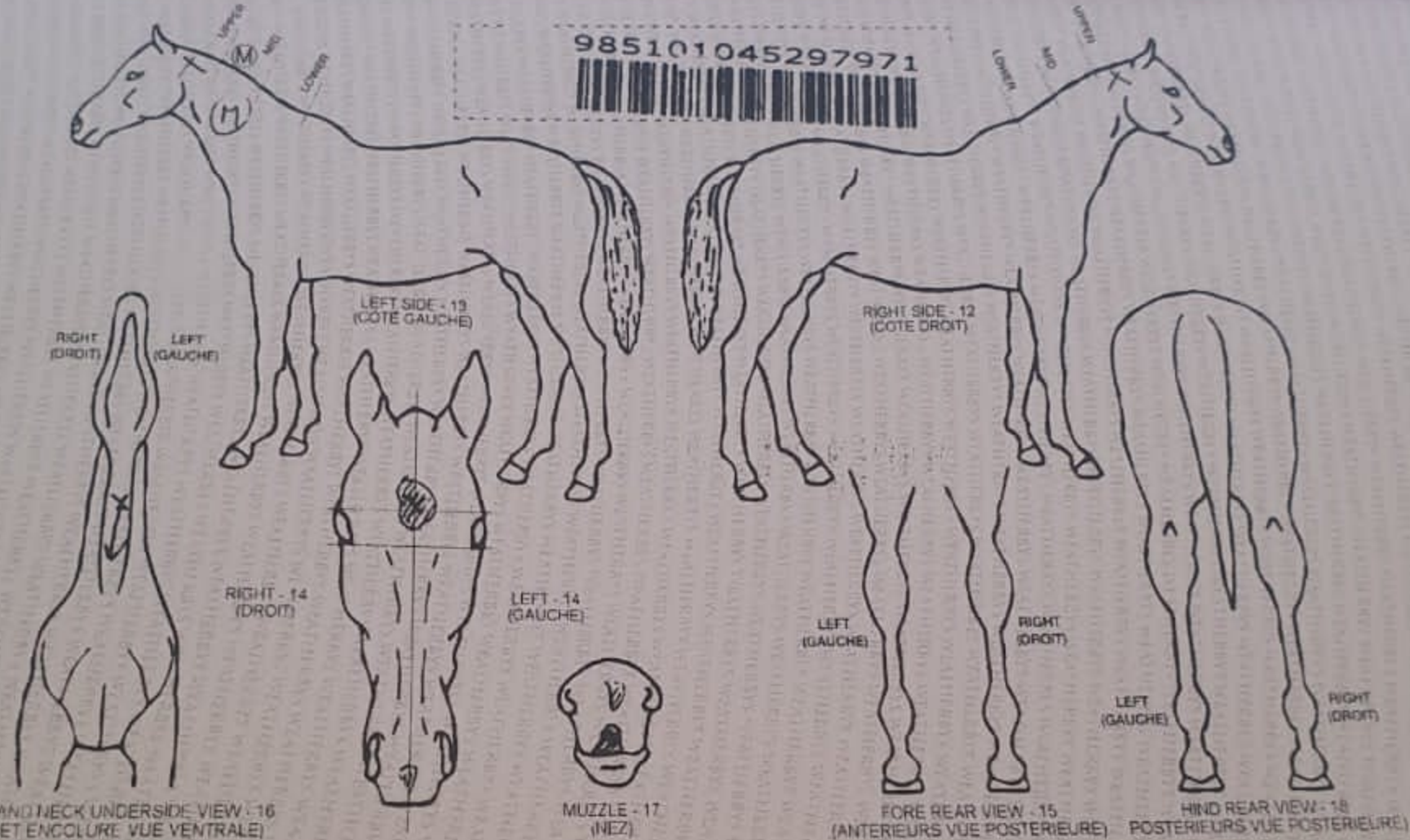
Feathered whorl ventral trachea

MARKINGS (3h)
(MARQUES)

No markings

VeriSCOPE v6

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SECTION I - Part B Outline diagram
Partie B Signalement Graphique



NAME AND ADDRESS OF VETERINARY SURGEON:
Catherine Moran
Athboy Veterinary
Hospital
Castletown Athboy Co Meath

SIGNATURE OF VETERINARY SURGEON:
I certify that I have read and understood the instructions overleaf. I have been given the piggy-back details by the owner/keeper who has assured me that they have confirmed the identity of the dent against her passport I have also (please tick as appropriate):
 Bloodsampled the animal
 Inserted a Weatherbys Microchip into the animal
 Scanned and read a Weatherbys microchip

Catherine Moran

DATE OF EXAMINATION
27/02/2019

TOWNSLAND WHERE FOAL WAS MARKED:
Rathcairn
COUNTRY OF BIRTH:
Ireland
AGE ESTIMATE OF ANIMAL:
1 day

19 STAMP (catcher)
Certified as a true copy by the issuing body

By (Par)

WEATHERBYS

Russell

RUSSELL FEENEY, Stud Book Director

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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 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; cette mention doit être suivie 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 2.5.2020	Rath Cahir	Ire	Equilis Prequanza Te	A261302 06/2021	Flu + Tet	Raphael S Warner MRCVS Athboy Vet Hospital Co. Meath 046 9432273
2. Between 21 - 92 days later/ Entre 21 - 92 jours 27/7/20	Kathleen Ire	Ire	Equilis® Prequanza Te A264A01 09-2021		Flu tet	Catherine Moran MVB Athboy Vet Hospital Co. Meath 046 9432273
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

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VACCINATIONS FOR EQUINE INFLUENZA

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 advised.
Si la séquence des vaccins primaires doit 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/ Nom en capitales et signature du vétérinaire
			Name/ Nom	Batch Number/ Numéro du lot	Disease(s)/ Maladie(s)	