

PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom)

SIRE (Père) **KODI BEAR (IRE)**

DAM (Mère) **ICE HAVEN (IRE)**

SECTION I

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

1(a) SPECIES (Espèce)

Horse (Cheval)

1(b) SEX (Sexe)

Colt

2(a) DATE OF BIRTH

(Date de Naissance)

13th Apr 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR (Robe)

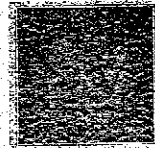
Bay

11. ISSUING AUTHORITY
(Autorité Génétique)

WEATHERBYS

Russell Ferris

RUSSELL FERRIS
Stud Book Director



WEATHERBYS

HEAD (TETE) - (3b)	Midline whorl between eyes. Irregular star at upper eye level. White snip starting midface ending as white fleshmark into right nostril and between nostrils. Circular white fleshmark in left nostril and on right side of upper lip.
LIMBS (Jambes)	L.F. (A.G.) - (3c) White to mid cannon, higher behind.
	R.F. (A.D.) - (3c) White to fetlock.
	L.H. (P.G.) - (3a) White to lower/mid cannon, higher inside.
	R.H. (P.D.) - (3) White to mid cannon.
BODY/NECK (CORPS) - (3g)	Bi-lateral whorls at mid lower crest junction. Mid throat whorl feathering down.
MARKINGS (MARQUES) - (3h)	None.

372IRE45322850T
 4 UNIQUE LIFE NUMBER (Numero unique d'identification valable à vie)
 372IRE45322850T

5 MICROCHIP NUMBER (Code du transpondeur (si disponible))
 985101045322850

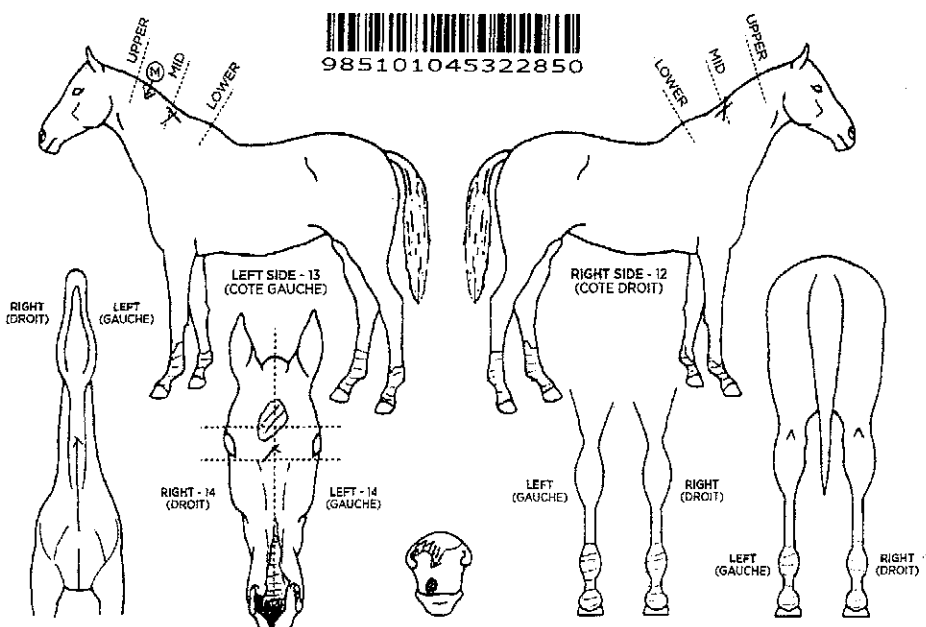
6 ALTERNATIVE METHOD OF IDENTITY VERIFICATION
 (Méthode alternative de vérification d'identité (si applicable))

7 PARENTAGE VERIFICATION
 (Vérification Parentale)
 PARENTAGE TESTED (DNA)

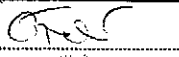
8 BREEDER
 (Éleveur)
 NAME AND ADDRESS OF THE PERSON TO WHOM DOCUMENT IS ISSUED
 (Nom et adresse du destinataire du document)
 Mrs O. A. Shaw
 Flat 8, 3 Russell Hill, Purley, Surrey, Great Britain, CR8 2JB

9 DATE OF ISSUE 03rd Oct 2019
 (Date d'émission)
 10 PLACE
 (Lieu)
 Weatherbys Ireland Ltd, Tara Court, Dullin Road, Naas, Co. Kildare, W91 NF22

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 SECTION I - Part B Outline diagram
 Partie B Signalement Graphique



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HEAD AND NECK UNDERSIDE VIEW - 16 (VUE ENCOURE VUE VENTRALE) NAME AND ADDRESS OF VETERINARY SURGEON: Carólin Fischer, DVM, O'BYRNE & HALLEY MVB, MRCVS - VETERINARY SURGEONS FETHARD EQUINE HOSPITAL FETHARD CO. TIPPERARY	SIGNATURE OF VETERINARY SURGEON:  I certify that I have read and understood the instructions overleaf, I have been given the pedigree details by the owner / keeper who has assured me that they have confirmed the identity of the dam against her passport. I have also (please tick as appropriate): <input type="checkbox"/> Bloodsampled the animal <input checked="" type="checkbox"/> Inserted a Weatherbys Microchip into the animal <input checked="" type="checkbox"/> Scanned and read a Weatherbys microchip previously inserted.	FORE REAR VIEW - 15 (ANTÉRIEURS VUE POSTÉRIÈRE) DATE OF EXAMINATION 16 05 2019	HIND REAR VIEW - 18 (POSTÉRIEURS VUE POSTÉRIÈRE) TOWN/SLAND WHERE FOAL WAS MARKED: Bansha COUNTRY OF BIRTH: Ireland AGE ESTIMATE OF ANIMAL:
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KEEPER NAME & ADDRESS: EPN NUMBER: DAM'S MICROCHIP NUMBER:

19 STAMP (cachet)
 Certified as a true copy by the Issuing body (certifié comme étant une copie à l'organisme émetteur)

By (par) WEATHERBYS
 RUSSELL FERRIS, Stud Book Director

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.
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						
19/5/20	BANSHA	IRL	Proteo Flu-Te	2467951	Flu	Don Hannigan MVB, MRCVS O'Byrne & O'Byrne Fethard, Clonmel, Co. Tipperary Tel: 052 6130130
2. Between 21 - 92 days later/ Entre 21 - 92 jours						
29/6/20	BANSHA	IRL	Proteo Flu-Te	Lot: Proteo Flu-Te L470857 26/10-2020 EXP:	Flu	Don Hannigan MVB, MRCVS O'Byrne & O'Byrne Fethard, Clonmel, Co. Tipperary Tel: 052 6130130
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

If the primary vaccination sequence needs to be restarted, please mark the entries in the annual vaccinations section overleaf, using 1, 2, and 3 as above.

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/ Nom en capitales et signature du vétérinaire
			Name/ Nom	Batch Number/ Numéro du lot	Disease(s)/ Maladie(s)	

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