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# PASSPORT (DOCUMENT OF DESCRIPTION)

LIBRET SIGNALETIQUE

NAME (Nom)

SIRE (Père) **ACCLAIM (IRE)**

DAM (Mère) **VIVID BLUE (GB)**

## 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) **30th Apr 2019**

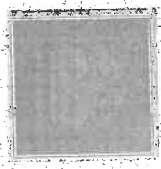
2(b) COUNTRY OF BIRTH (Pays de Naissance) **Great Britain**

3(a) COLOUR (Race) **Bay**

11 ISSUING AUTHORITY (Autorité Emettrice)

**WEATHERBYS**

*S. G. G.*  
SIMON COOPER  
Sales Book Director



2YB51EH1A3W



CONSUMPTION

HEAD: (3b) (TETE)

Median whorl at upper eye level in roughly oval shaped star. Small snip between nostrils.

L.F. (A.G.) (3c)

Other forearm whorl.

R.F. (A.D.) (3d)

Outer forearm whorl.

L.H. (P.G.) (3e)

NI

R.H. (P.D.) (3f)

NI

BODY/NECK: (3g) (CORPS)

Whorls in upper third of left crest and mid third of right crest. Whorl mid throat. Whorl on mid trachea feathered down.

MARKINGS (3h) (MARQUES)

None.

DO NOT WRITE BELOW THIS LINE

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4 UNIQUE LIFE NUMBER (Numéro unique d'identification valable à vie)

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5 MICROCHIP NUMBER (Code du transporteur (si disponible))



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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)

Suzi Pritchard-Jones  
10000 SW 52nd Ave G36, Gainesville, FL 32608, USA

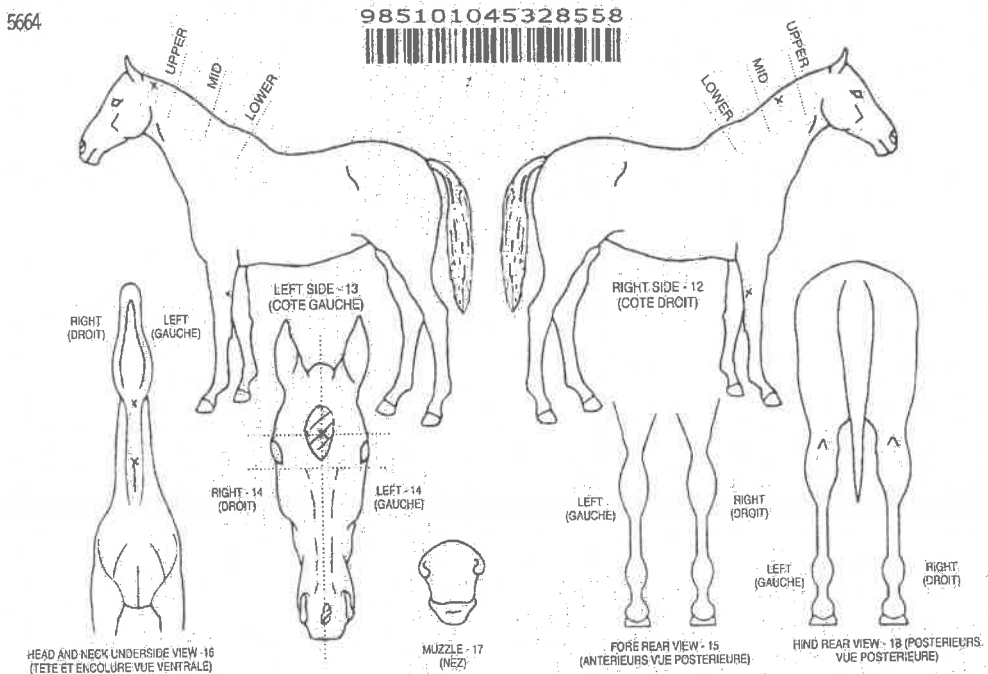
9 DATE OF ISSUE (Date d'émission) 27th Jun 2019

10 PLACE (Lieu)

Weatherbys Ltd, Sanders Road, Wellingborough, Northants, NN8 4BX, England

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SECTION I - Part B Outline diagram  
Partie B Signalement Graphique



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NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)

F E HOGG MRCVS  
NEWMARKET EQUINE HOSPITAL  
CAMBRIDGE ROAD  
NEWMARKET  
SUFFOLK  
CB8 0XE

I certify that I have read and understood the instructions overleaf. I have been given the pedigree details by the owner/agent who has assured me that they have confirmed the identity of the dam against her passport. I have also:  
(a) bloodsampled the foal,  
(b) inserted a Weatherbys microchip into the foal.  
(c) examined and read a Weatherbys microchip previously inserted.

Signature of Veterinary Surgeon  
(Do not be the breeder, owner or buyer of the foal)

Date of examination  
05 / 06 / 2019

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

By (Par)

WEATHERBYS

Microchipping  
and Blood Sampling

CONTROL OF IDENTIFICATION - CONTINUED

SECTION VI

Control of identification of the equine animal described in the identification document  
 Contrôles d'identité de l'équidé décrit dans le document d'identification

The identity of the equine animal must be checked each time this is required by the law and the rules and it must be certified that the equine animal presented conforms to the description given in Section I of the identification document.  
 (L'identité de l'équidé doit être contrôlée chaque fois que les lois et les règles l'exigent et il doit être certifié que l'équidé présenté est conforme au signalement donné dans la section I du document d'identification.)

Date/ Date	Town and Country/ Ville et pays	Reason for check (event, health certificate, etc.)/ Motif du contrôle (concours, certificat sanitaire, etc.)	Name (in capital letters), capacity and signature of the person verifying the identity/ Nom (en lettres capitales), qualité et signature du vérificateur de l'identité

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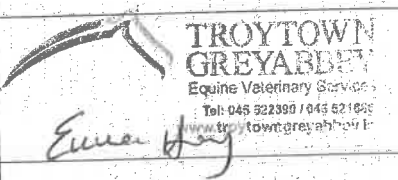

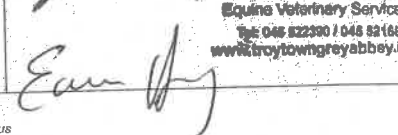
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VACCINATIONS FOR EQUINE INFLUENZA

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)	
7/10/19 1. Initial Vaccination/ Première vaccination	KILDARE	IRE	Equilis Prequenza TE	A253A03	Flu + Tet	
8/11/19 2. Between 21 - 92 days later/ Entre 21 - 92 jours	KILDARE	IRE	Equilis Prequenza TE	A253A03	Flu + Tet	
15/05/20 3. Between 150 - 215 days later/ Entre 150 - 215 jours	KILDARE	IRE	Equilis Prequenza TE	A261B02	Flu + Tet	

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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.  
 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