

# PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom)

SIRE (Père)

DAM (Mère)

GREGORIAN (IRE)

KIKINI BAMALAAM (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)

26th Mar 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR (Roue)

Bay

11. ISSUING AUTHORITY  
(Autorité Émettrice)



WEATHERBY

*Russell Ferris*

RUSSELL FERRIS  
Stud Book Director

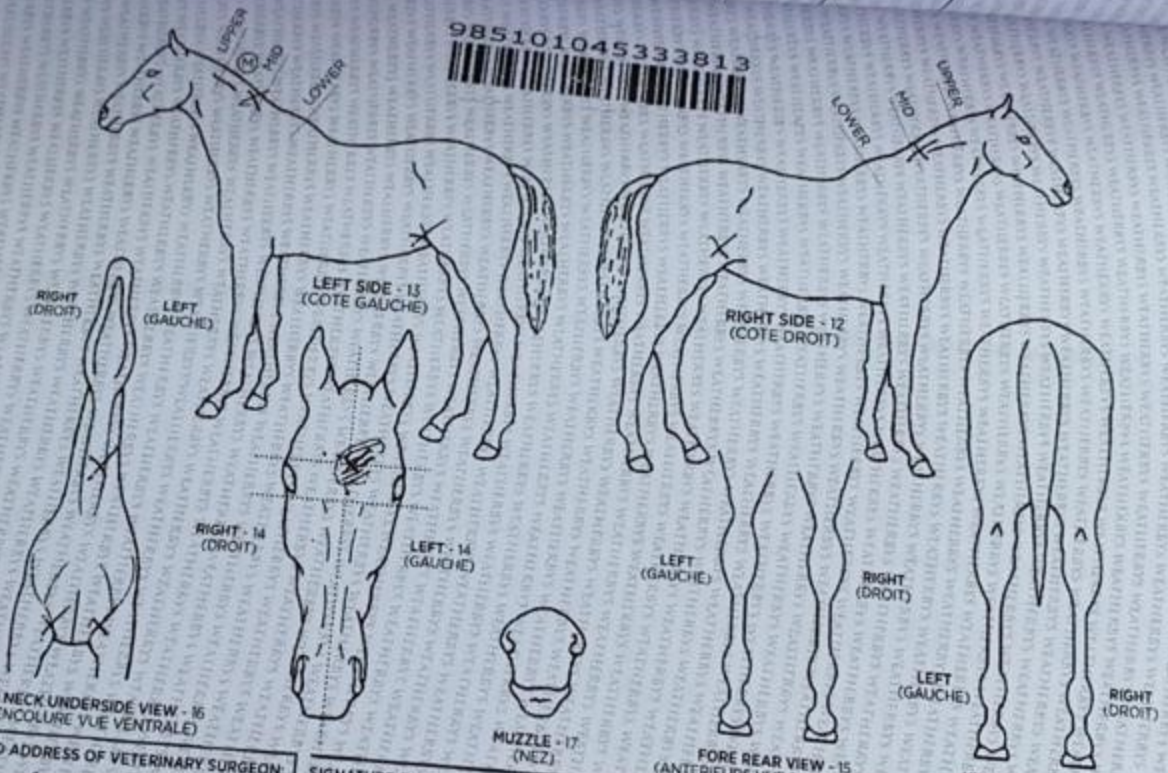


HEAD (TEFE) - (3b)	WHORL LEFT OF MIDLINE ABOVE EYELEVEL WITHIN STAR.
L.F. (A.G.) - (3c)	NO MARKS.
R.F. (A.D.) - (3d)	NO MARKS.
L.H. (P.G.) - (3e)	NO MARKS.
R.H. (P.D.) - (3f)	NO MARKS.
DOY/NECK (P.S.) - (3g)	BILATERAL CHEST AND STIFLE WHORLS. WHORL FEATHERED UPWARD MID THIRD CREST BOTH SIDES. WHORL LOWER VENTRAL TRACHEA.
MARKINGS (ARQUES) - (3h)	NO MARKS.

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SECTION I - Part B Outline diagram  
Partie B Signalement Graphique

985101045333813  
[Barcode]



NAME AND ADDRESS OF VETERINARY SURGEON:  
**ISOBEL BARRETT MVB**  
**ARK VETERINARY CLINIC**  
**FERRYVAUGHAN**  
**CO. CARL**

SIGNATURE OF VETERINARY SURGEON:  
*Isobel Barrett MVB*

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 (where tick as appropriate):  
 Bloodsampled the animal.  
 Inserted a Weatherbys Microchip into the animal.  
 Scanned and read a Weatherbys microchip previously inserted.

DATE OF EXAMINATION  
**19 04 2019**

TOWNSLAND WHERE FOAL WAS MARKED:  
**GLANWORTH**

COUNTRY OF BIRTH:  
**IRELAND**

AGE ESTIMATE OF ANIMAL:  
**1 MONTH**

KEEPER NAME & ADDRESS:

EPN NUMBER:

DAM'S MICROCHIP:

19 STAMP (each)  
Certified as a true copy by the Issuing body

By (for)

WEATHERBYS

*Russell*

Russell Ferris, and Ross Dwyer

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Aug 15

Signature of Owner/keeper



# 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 8/10/2020	ROCHESTOWN LODGE STUD	IRE	PROTEQ FLU/ TET	L473213 exp 3/1/21	FLU/ TET	P. Barbara Fonzo DVM MVB Coole House Farm, Monasterevin, Co Kildare IRELAND <i>PBF</i>
2. Between 21 - 92 days later/ Entre 21 - 92 jours 8/11/2020	ROCHESTOWN LODGE STUD	IRE	PROTEQ FLU/ TET	L473213 exp 3/1/21	FLU/ TET	P. Barbara Fonzo DVM MVB Coole House Farm, Monasterevin, Co Kildare IRELAND <i>PBF</i>
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

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If the primary vaccination suspension results to be contacted, please mark the entries in the annual vaccinations section marked using 1, 2, and 3 as above.

are not acceptable.

below, using 1, 2 and 3 as overleaf.