

PASSPORT (DOCUMENT OF DESCRIPTION)

LIBRETTI SIGNALETTIQUE

NAME (Nom)

SIRE (Père) **FULBRIGHT (GB)**

DAM (Mère) **KODIAC MOMENT (IRE)**

SECTION I

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

1(a) SPECIES (Espèce)

Horse (Cheval)

1(b) SEX (Sexe)

Filly

2(a) DATE OF BIRTH (Date de naissance)

17th Mar 2019

2(b) COUNTRY OF BIRTH (Pays d'origine)

3(a) COLOUR (Couleur)

Bay

11. ISSUING AUTHORITY (Autorité Émettrice)



WEATHERBYS

Russell Ferris

RUSSELL FERRIS
Stall Book Director



WEATHERBYS

WHORL AT UPPER EYE LEVEL ON MIDLINE WITHIN STAR.

LF (A.2)
(O)

RF (A.2)
(O)

LH (F.1)
(O)

RH (F.1)
(O)

LIMBS (JAMBES)

AXILLA WHORL

AXILLA WHORL

STIFLE WHORL

STIFLE WHORL, WHITE TO UPPER PASTERNS HIGHER ON OUTSIDE.

BODY / NECK
(G) / (C) / (P)

UPPER ONE THIRD NECK CREST WHORLS LEFT AND RIGHT

MARKINGS ON
MARKS

NONE

WSDPE 63

PASSPORT (DOCUMENT OF DESCRIPTION)

LIBRETTI SIGNALETORIE

NAME (nome)

SIRE (padre) **FULBRIGHT (GB)**

DAM (madre) **KODIAC MOMENT (IRE)**

SECTION I

IDENTIFICATION DETAILS PART A

1(a) SPECIES (specie)

Horse (Cavallo)

1(b) SEX (sesso)

Filly

2(a) DATE OF BIRTH (data di nascita)

17th Mar 2019

2(b) COUNTRY OF BIRTH (paese di nascita)

Ireland

3(a) COLOUR (colore)

Bay

ISSUING AUTHORITY
(Autorità Emittente)

WEATHERBYS

Patricia

SALES MANAGER
2nd Floor, Doncaster



WEATHERBYS

WHORL ON
(torzo)

WHORL AT UPPER EYE LEVEL ON MOLING WITHIN STAR

LA (AS)
(s)

AXILLA WHORL

RA (AS)
(s)

AXILLA WHORL

LA (PL)
(s)

STIFLE WHORL

RA (PL)
(s)

STIFLE WHORL, WHITE TO UPPER PASTERNS, HIGHER ON OUTSIDE

WHORL ON
(collo)

UPPER ONE THIRD NECK CREST WHORLS LEFT AND RIGHT

WHORL ON
(cervice)

NONE

WBCPY 43

372IRE45336998T

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

372IRE45336998T

5 MICROCHIP NUMBER (Code du transpondeur (s) disponible)



985101045336998

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)

Buckley Bloodstock

Harefield Cottage Stud, Milltown, Newbridge, Co. Kildare, Ireland

9 DATE OF ISSUE 14th Oct 2019
(Date d'émission)

10 PLACE
(Lieu)

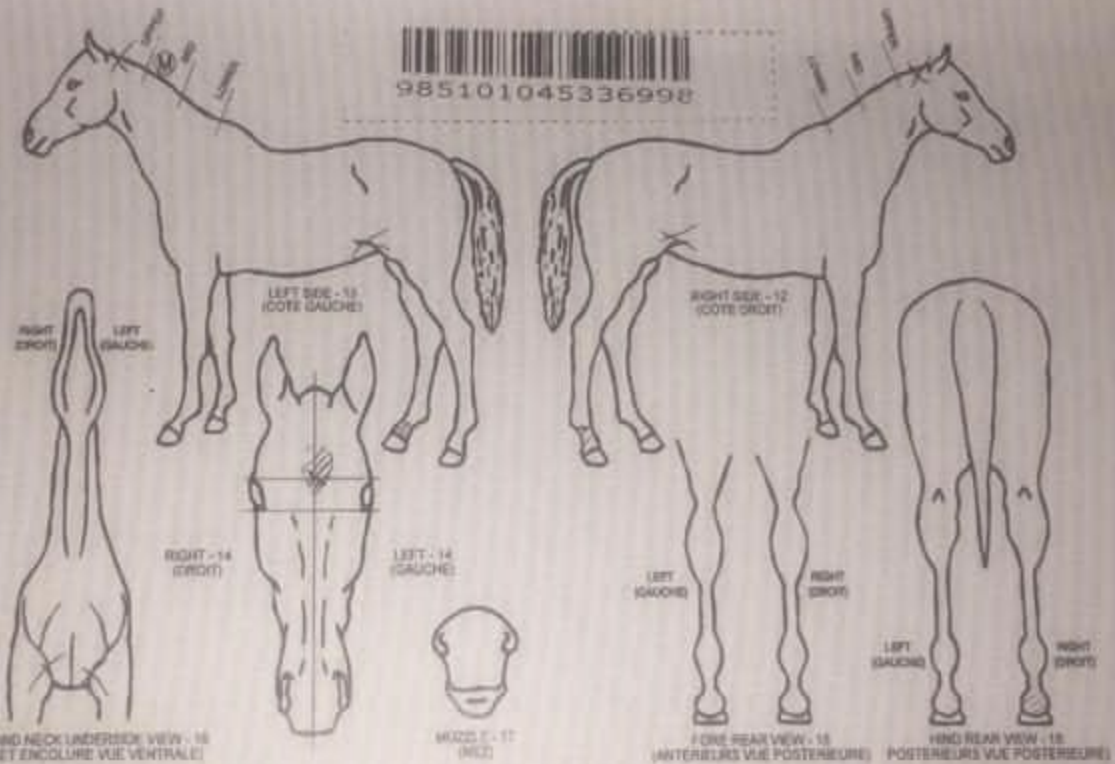
Weatherbys Ireland Ltd, Tara Court, Dulln Road, Naas, Co. Kildare, W91 NF28



19 STAMP
Certified as

By (Par)

372IRE45336998T

SECTION I - Part B Outline diagram
Partie B Signallement Graphique

NAME AND ADDRESS OF VETERINARY SURGEON

Graham Adams BSc BVSc
 TROYTOWN GREYSBEE
 Equine Veterinary Services
 Gray Abbey Road, Kildare, Co. Kildare, Ireland Tel: +353
 (0) 45 522 300 Fax: +353 (0) 45 522 447 Email:
 gpa@tgs.ie

SIGNATURE OF VETERINARY SURGEON

I have read and understood the instructions
 for the use of this form and I have
 completed it in accordance with the
 instructions of the organization.

- I have read and understood the instructions
 for the use of this form and I have
 completed it in accordance with the
 instructions of the organization.

DATE OF EXAMINATION

07/05/2019

TOWNSHIP WHERE
FOAL WAS MARKED:

KILDARE

COUNTRY OF BIRTH:

IRELAND

AGE ESTIMATE OF ANIMAL:

25.04.19

19 STAMP (30/07/10)

Certified as a true copy by the issuing body (owner's confirm exact copy copied & reorganised accordingly)

By (day)

WEATHERBYS



Weatherbys
 EQUINE PRACTICE

KILDARE, IRELAND. Visit www.weatherbys.com

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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.

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| 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/ Prezière vaccination 6/10/20 | Kildare | Ire | Equilis® Prequenza Te A265A01 11-2021 | | Flu Tet | Graham Adams BSc, BVSc TROYTOWN GREYABBEY Equine Veterinary Services Tel: 045522390/ 045521686 www.troytowngreyabbey.ie |
| 2. Between 21 - 92 days later/ Entre 21 - 92 jours 6/11/20 | Kildare | Ire | Equilis® Prequenza Te A265A01 11-2021 | | Flu Tet | Graham Adams BSc, BVSc TROYTOWN GREYABBEY Equine Veterinary Services Tel: 045522390/ 045521686 www.troytowngreyabbey.ie |
| 3. Between 150 - 215 days later/ Entre 150 - 215 jours | | | | | | |