

121 8

# PASSPORT (DOCUMENT OF DESCRIPTION)

LIBRETS (SIGNATURE)

NAME (Nom)

SIRE (Père)

DAM (Mère)

HOLY ROMAN EMPEROR (IRE)

AND AGAIN (USA)

## SECTION I

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

1(a) SPECIES (Espèce)

Horse (Cheval)

1(b) SEX (Sexe)

Filly

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

09th Apr 2019

2(b) COUNTRY OF BIRTH (Pays de Naissance)

Ireland

3(a) COLOUR (Couleur)

Bay

11. ISSUING AUTHORITY (Autorité Émettrice)



**WEATHERBYS**

*Russell Ferris*

RUSSELL FERRIS  
Blood Stock Director



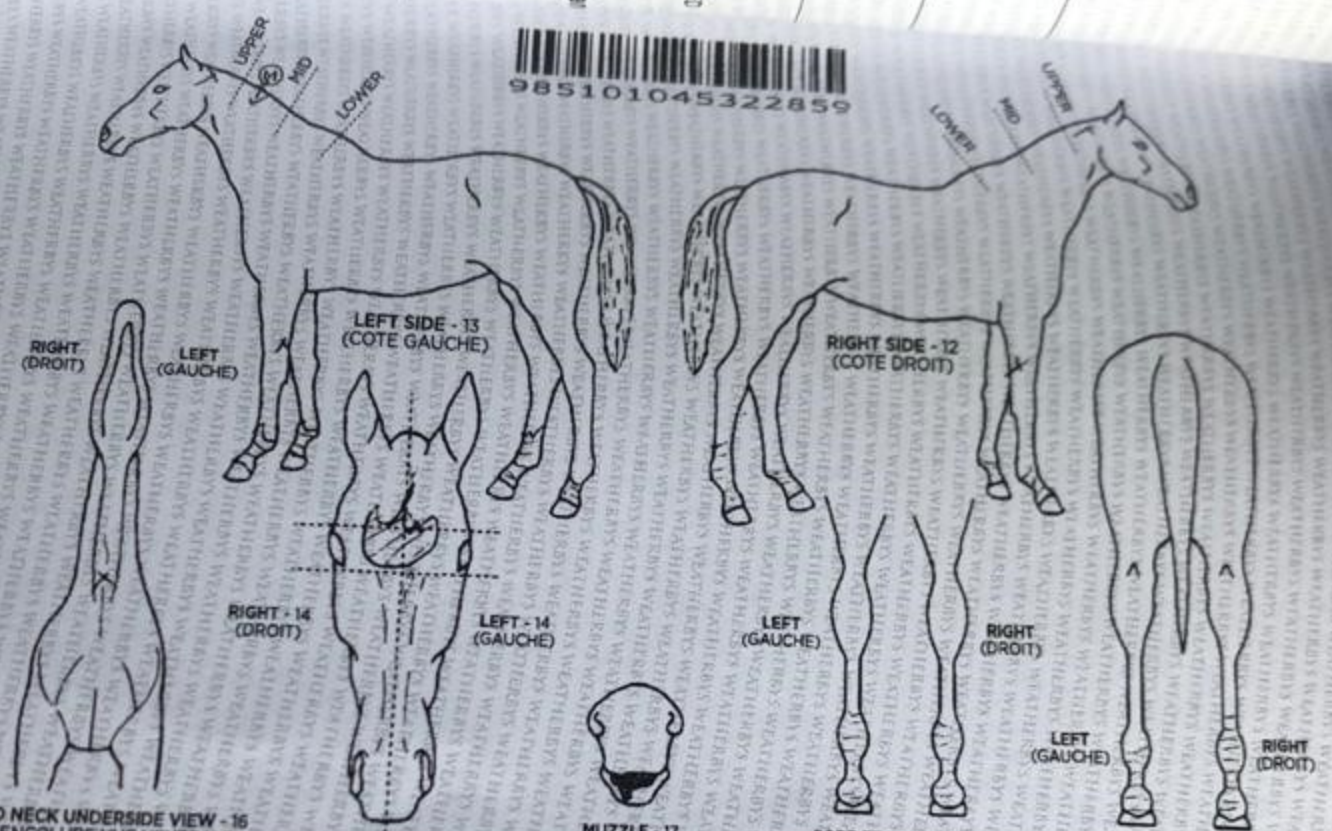
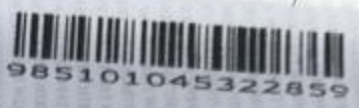
# WEATHERBYS

<b>HEAD</b> (TÊTE) - (3b)	Whorl at upper eye level more to the left on upper margin of irregular star pointing towards forelock surrounded with white hair above and below. Wide white fleshmark on lower lip.	
<b>LIMBS</b> (Membres)	<b>L.F.</b> (A.G.) - (3c)	Irregular white to fetlock. Whorl on forearm.
	<b>R.F.</b> (A.T.) - (3d)	Irregular white to fetlock. Whorl on forearm.
	<b>L.R.</b> (P.G.) - (3e)	White pastern, higher behind.
	<b>R.H.</b> (P.D.) - (3f)	Irregular white to mid cannon.
<b>BODY/NECK</b> (CORPS) - (3g)	Mid throat whorl feathering up and down. Bi-lateral upper crest whorls.	
<b>MARKINGS</b> (MARQUES) - (3h)	None.	



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SECTION I - Part B Outline diagram  
Partie B Signalement Graphique



HEAD AND NECK UNDERSIDE VIEW - 16  
(TÊTE ET ENCOLURE VUE VENTRALE)

NAME AND ADDRESS OF VETERINARY SURGEON:  
Carolin 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 / weeper who has assured me that they have confirmed the identity of the dam 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 correctly inserted

FORE REAR VIEW - 15  
(ANTÉRIEURS VUE POSTÉRIEURE)

DATE OF EXAMINATION:  
1 6 0 5 2 0 1 9

HIND REAR VIEW - 18  
(POSTÉRIEURS VUE POSTÉRIEURE)

TOWNSLAND WHERE FOAL WAS MARKED:  
Bansha  
COUNTRY OF BIRTH:  
Ireland  
AGE ESTIMATE OF ANIMAL:

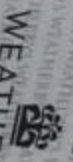
EPN NUMBER:

DAM'S MICROCHIP NUMBER:

19 STAMP (cachet)

Certified as a true copy by the issuing body

By (Par)



WEATHERBYS

certifié comme étant une copie b) l'organisme émet

MENT IS ISSUED  
ppery, Ir

Kildare, Ws



SECTION VIII

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		Disease(s)/ Maladie(s)	Practice Stamp, name (in capitals) and signature of veterinarian/ Nom en capitales et signature du vétérinaire
			Name/ Nom	Batch Number/ Numéro du lot		
23/11/19	MOUNT BELLEW IRL	IRL	Equilis® Prequelenza Te A253A03 12-2020		Flu + Tet	J.P. LINNANE MVB MIREVS MOUNTBELLEW CO. GALWAY Tel: 086-8317816
20.2.20	MOUNT BELLEW IRL	IRL	Equilis® Prequelenza Te A250A04 09-2020		Flu + Tet	J.P. LINNANE MVB MIREVS MOUNTBELLEW CO. GALWAY Tel: 086-8317816
9/10/20	POON BELLEW	Ireland	ProteoFlu-Te L481567 27/00-2021		Flu + Tet	Suzanne Bennett MVB BRCVS CertMVR Dorcas Equine Veterinary Centre Croona Co Limerick 081-888888

VACCINATIONS FOR EQUINE INFLUENZA CONTINUED

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 doit être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marqués 1, 2 et 3 comme ci-dessus.

Date/ Date	Place/ Lieu	Country/ Pays	Vaccine/ Vaccin		Disease(s)/ Maladie(s)	Practice Stamp, name (in capitals) and signature of veterinarian/ Nom en capitales et signature du vétérinaire
			Name/ Nom	Batch Number/ Numéro du lot		
9/11/20	POON BELLEW		ProteoFlu-Te L478271 03/04-2021		Flu + Tet	Suzanne Bennett MVB BRCVS CertMVR Dorcas Equine Veterinary Centre Croona Co Limerick 081-888888

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