

PASSPORT (DOCUMENT OF DESCRIPTION)

LIBRET SIGNALÉTIQUE

NAME (Nom) _____

SIRE (Père) **AWTAAD (IRE)**

DAM (Mère) **BACHELIERE (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)

15th Apr 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR (Couleur)

Bay

11. ISSUING AUTHORITY
(Autorité émettrice)



WEATHERBYS

Russell Peppers

RUSSELL PEPPERS
Chief Book Director



HEAD
(TÊTE) - (36)

Median whorl lower eye level.

LEMBAS (Limbas)

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

None.

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

None.

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

None.

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

None.

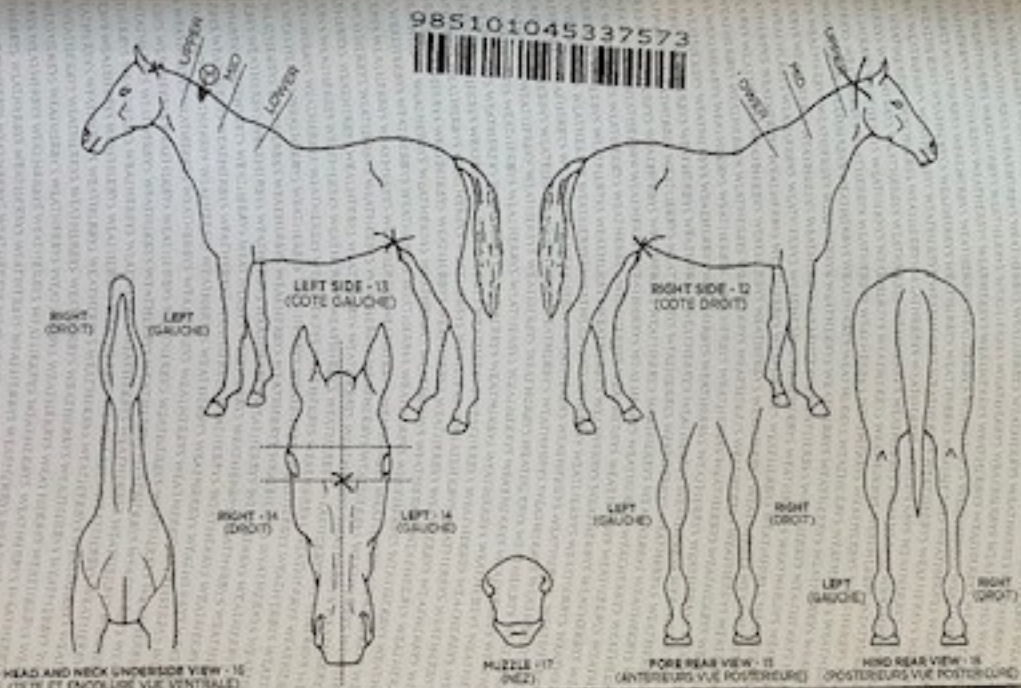
BODY/NECK
(CORPS) - (36)

Whorls on upper crests and stifles.

MARKINGS
(MARQUES) - (36)

None.

372IRE45337573T

SECTION I - Part B Outline diagram
Partie B Signalment GraphiqueHEAD AND NECK UNDERSIDE VIEW - 15
(TETE ET ENCLOSURE VUE VENTRALE)

NAME AND ADDRESS OF VETERINARY SURGEON

Mark Fagan MVB
Deravara Equine Clinic
Co. Westmeath

SIGNATURE OF VETERINARY SURGEON

I certify that I have read and understood the instructions outlined. 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 am also keeper for an assurance
 I have despatched the MARE
 I inserted a Weatherby Microchip into the animal
 I scanned and read a Weatherby Microchip previously inserted

Mark Fagan

DATE OF EXAMINATION

13 05 2019

TOWNSHIP WHERE FOAL WAS MARKED

Killucan

COUNTRY OF BIRTH

Ireland

AGE ESTIMATE OF ANIMAL

4 weeks

WEEDER NAME & ADDRESS

19 STAMP (cachet)

Certified as a true copy by the Issuing Body (certificat conforme d'une copie d'origine authentique)

By (par)

WEATHERBYS

Weatherby's Stud Book Division

3 of 44

AT

0

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 claire 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 20.4.20	Myun hodge	he		Equilis® Prequenza Te A261802 06-2021	FLI	MARK L. FAGAN MVB DEBAVARIA EQUINE CLINIC
2. Between 21 - 92 days later/ Entre 21 - 92 jours 25.5.20	Myun hodge	he		Equilis® Prequenza Te A261802 06-2021	FLI	MARK L. FAGAN MVB DEBAVARIA EQUINE CLINIC
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

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, 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)	

16 of 44
3721RE45337573T

3721RE453375