

PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom) **Bandida Estrellita (IRE)**

SIRE (Père) **CRACKSMAN (GB)**

DAM (Mère) **BLAUE MAURITIUS (GER)**



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)

04th May 2022

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

3(a) COLOUR (Robe)

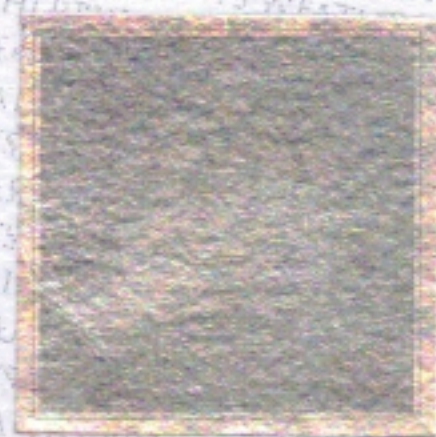
Bay

11. ISSUING AUTHORITY
(Autorité Emettrice)



WEATHERBYS

Sharon O'Regan
Stud Book Registrar



WEATHERBYS

HEAD - (30)
(TÊTE)

MIDLINE WHORL ABOVE UPPER EYE LEVEL CONTAINED IN STAR WITH CONJOINED STRIPE ENDING AS BORDERED FLESHMARK ENTERING RIGHT NOSTRIL.

LF (A.G.)
(3c)

WHITE TO LOWER PASTERNS RISING TO MID FETLOCK BEHIND.

RF (A.D.)
(3d)

WHITE TO MID PASTERNS RISING TO LOWER CANNON BEHIND.

LH (P.G.)
(3e)

WHITE TO FETLOCK RISING TO LOWER CANNON BEHIND.

RH (P.D.)
(3f)

NIL.

BODY/NECK
(3g) (CORPS)

LEFT UPPER CREST WHORL. RIGHT LOWER CREST FEATHERED WHORL. BILATERAL STIFLE WHORLS. THROAT WHORL. WHORL MID WINDPIPE.

MARKINGS (3h)
(MARQUES)



Scan here for access
to ePassport

4 UNIQUE LIFE NUMBER (Numéro unique d'identification valable à vie)
372IRE45390422



5 MICROCHIP NUMBER (Code du transpondeur (si disponible))
372140045390422

6 ALTERNATIVE METHOD OF IDENTITY VERIFICATION
(Méthode alternative de vérification d'identité (si applicable))

7 PARENTAGE VERIFICATION
(Vérification Parentale)
PARENTAGE TESTED (DNA)

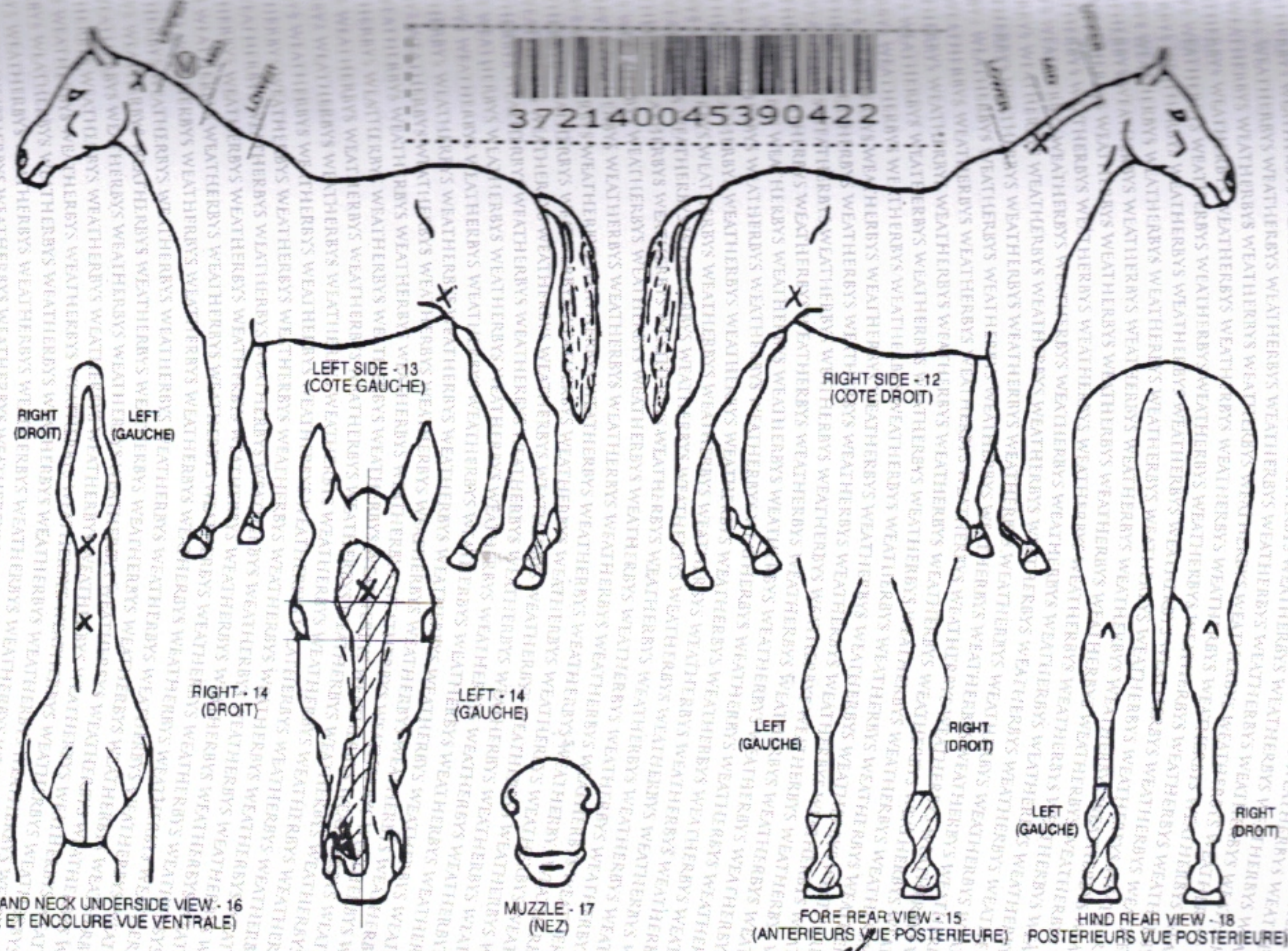
8 BREEDER
(Éleveur)
NAME AND ADDRESS OF THE PERSON TO WHOM DOCUMENT IS ISSUED
(Nom et adresse du destinataire du document)
Sage Stud
c/o Dr. Armin & Iris Sageder, Gummersberg 2 + 4, 3052 Neusitt-
Innermanzing, Austria

9 DATE OF ISSUE 27th May 2022
(Date d'émission)

10 PLACE
(Lieu)
Weatherbys Ireland GSB Ltd., Unit F1, M7 Business Park, Newhall, Naas,
Co Kildare, W91 YX86, Ireland

372IRE45390422

SECTION I - Part B Outline diagram
Partie B Signalement Graphique



TOWNSLAND WHERE FOAL WAS MARKED:
TULLY
COUNTRY OF BIRTH:
IRE
AGE ESTIMATE OF ANIMAL:

DATE OF EXAMINATION
05/05/2022

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/keeper 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.

NAME AND ADDRESS OF VETERINARY SURGEON
Kieran Cunningham DVM MRCVS
Sycamore Lodge Equine Hospital
Sycamore Lodge, The Curragh,
Co. Kildare, Ireland
Tel: +353 (0)45 441562
info@sycamorelodge.ie

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

WEATHERBYS
SHARON O'NEILL, Stud Book Registrar

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)
02.02.23	Grumpes	AT	EQUILIS PREQUENZA TE A294A01 MSD			
02.03.23	AT		EQUILIS PREQUENZA TE A297A01 MSD			
21.8.2023	Linz		ProteqFlu E83875 23/11-2025			

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 above.
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.

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.
Aftered vaccination details and dates are not acceptable.
Les dates et vaccinations ne peuvent pas être modifiées.

SECTION VII

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)
17.02.2024	Neusiedl a.a.	AT	ProteqFlu Lot: F06848 23/11-2025			Influenza
18/8/24	Hezla	BD	ProteqFlu-Te Lot: F34447 12/10-2024			EHV EHV EHV
06.02.2025	Ipferzheim	AT	ProteqFlu Lot: F32396 04/04-2026			EHV EHV
28/7/2025	-	-	ProteqFlu Lot: F32396 04/04-2026			EHV EHV

As indicated, please mark the entries in the annual vaccination section below, using 1, 2 and 3 as overleaf instructions. For vaccination solvent use, describe on Section 2 (see also Annex 2).

[illegible]

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Date	Name/ Batch Number	Vaccine/ Vaccin
22.01.2026	Proteq Flu Exp.: 09/07-2027 Lot: 677051	Batch Number / Numéro du lot
Nasalcoff	Ch-E: 833300 Equip ^e EHV-1A zégels Vern bti: 01/2028	Disease(s) / Maladie(s)
ORC	Injekt Hope	Practice Stamp, name (in capitals) and signature of veterinarian/ Nom en capitales et signature du vétérinaire
2026	Ac Gem Terlich 2, 07819 Lemnitz 034482/2572 • 01409/55300056	

Diseases other than equine influenza/Maladies autres que la grippe équine

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.

Date/	Place/	Country/	Vaccine/	Batch Number/	Disease(s)/	Practice Stamp, name (in capitals) and signature of veterinarian/
Date	Lieu	Pays	Vaccin	Numéro du lot	Maladie(s)	Nom en capitales et signature du vétérinaire
02-02-23	gumpen	AT		Equip EHV A.4 536694	EHV	Mobile Pferdetierärzte Mag.med.vet.Christian Tanczos Bossonnais 1230 Wien +43 664 1915 32 45
02-05-23	-	AT		Equip EHV A.4 536694	EHV	Mobile Pferdetierärzte Christian Tanczos Bossonnais 1230 Wien +43 664 1915 32 45
20.8.23	Linum	①		Equip EHV A 516303 02/2024 Ch.8: 702270 Vern.Blt: 04/2026	EHV	Pferdepraxis Niels Ohlig Hasweder Weg 117 29640 Schneverdingen Tel.: 016229437034 Tierevotriptsaxis
17.02.2024	Nusledy BOL	①		Equip EHV A 702270 04/2026 Ch.8: 702270 Vern.Blt: 04/2026	EHV	Marido Dombeck Auf dem Fellich 2, 07819 Lemnitz 030-682132572 # 0160/95388853