

TRANSFER of OWNERSHIP

To be completed by the vendor upon sale of the animal and to be returned to
CHAPS (UK) Admin, 1 McLaren Cottages, Abertyswg, Rhymney, Tredegar NP22 5BH.

PLEASE USE BLOCK CAPITALS

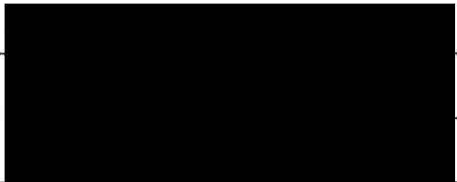
Name of Horse/Pony: MATILDA II (Tilly)

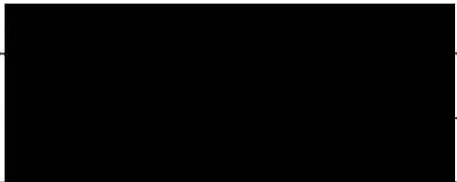
Registration No: _____


Stallion Colt Mare Filly Gelding


Height: 15.0 Age/DOB: 1/6/2000

Colour/Markings: BLACK TOBIANO

Name of Vendor: 

Address of Vendor: 

Tel No: 

Name of Purchaser: 

Address of Purchaser: 

Tel No: _____

Date of Sale: 4/7/04

I/We* declare that the above named horse/pony* has been sold to the person(s) detailed above as "the Purchaser" on the date given. (* Delete as applicable)



Part III-A Medication Record - See 24.1.93 in accordance with Part III-A

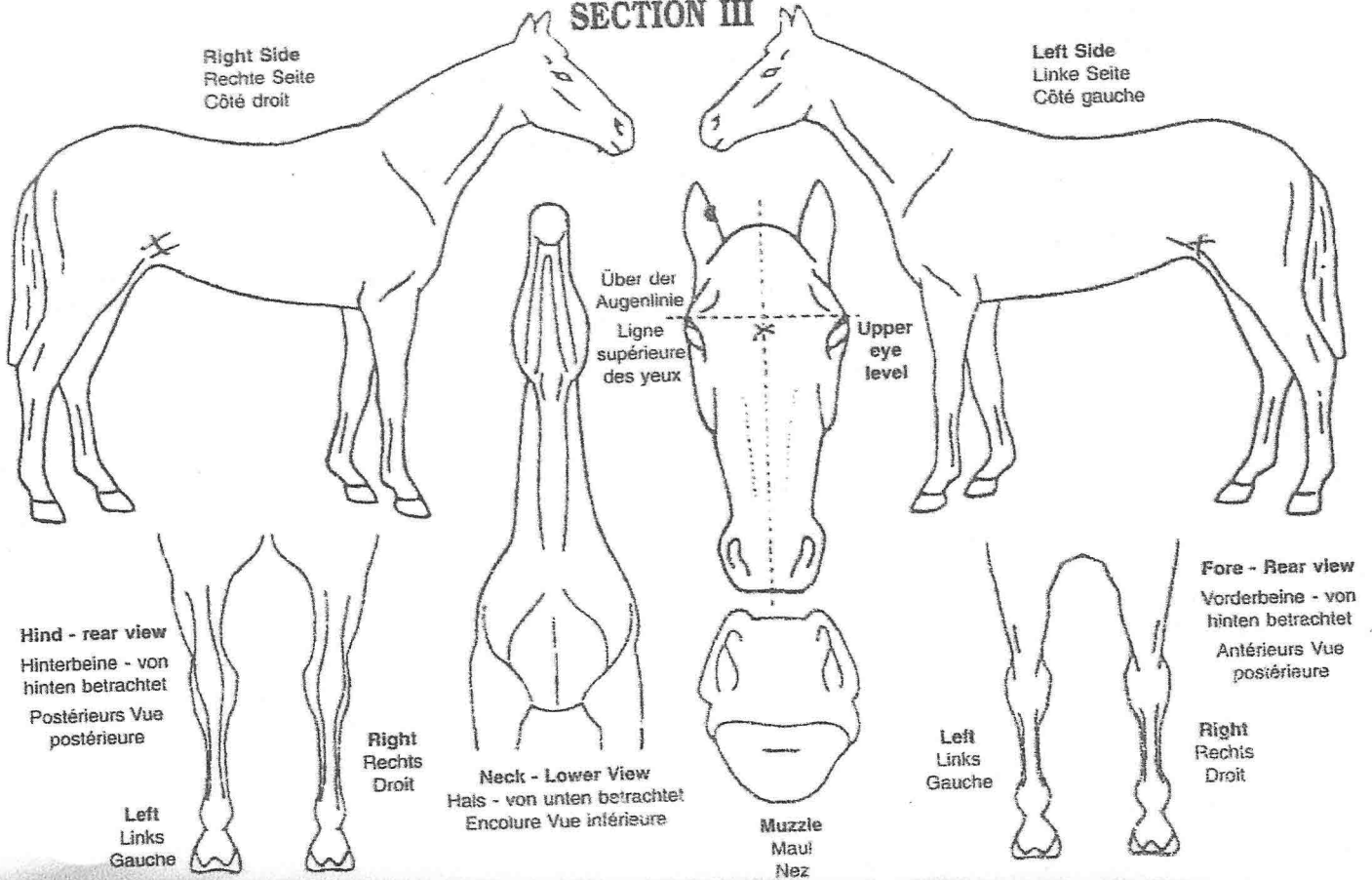
MEDICATION RECORD

Date of last treatment with a medicinal product containing substances not included in Annex I, II, III or IV of Council Regulation (EEC) No 2377/90	Place I - Country Code - Postal Code - Place	Substance(s) incorporated in the medicinal product which is/are not included in Annex I, II, III or IV of Council Regulation (EEC) No 2377/90 (*) (*)	Veterinary surgeon applying and/or prescribing medicinal treatment			
			Name: (*)	Address: (*)	Postal Code: (*)	Place: (*)
			Telephone: (*)	Signature		

- (1) Identification number as indicated in Section II (1) of the identification document.
- (2) Delete what is not applicable.
- (3) The animal may be treated with medicinal products containing substances listed in Annex I, II, III or IV Council Regulation (EEC) No 2377/90 and other substances. Recording of medicinal treatment in Part III-B is facultative. The animal shall never be slaughtered for human consumption.
- (4) The animal may be treated with medicinal products containing substances listed in Annex I, II or III of Council Regulation (EEC) No 2377/90 and other substances excluding those listed in Annex IV of that Regulation. The animal can only be slaughtered for human consumption after the completion of the general withdrawal period of 6 months following the date of the last treatment, certified obligatory in Part III-B, with medicinal products containing substances other than those listed in Annex I, II or III of Council Regulation (EEC) No 2377/90.
- (5) This information is facultative. However, this information may allow the reduction of the withdrawal period, if the specified substance is included in Annex I, II or III of Council Regulation (EEC) 2377/90 after it is administered. The minimum withdrawal times would then be those established in Article 4, paragraph 4 of Directive 81/851/EEC.
- (6) Name, Address, Postal Code and Place in printed letters.
- (7) Telephone as I + country code (regional code number).
- (8) Not required where this Section is issued together with the identification document.*

THE FELL PONY SOCIETY STUD BOOK

SECTION III



Name: <u>FILLY</u> Sex: <u>FILLY</u> Date of Birth: <u>20/5/09</u> Breed: <u>BLACK</u>		Registration Number: <u>1</u> Signature: <u>[Signature]</u> Adult Colour: <u>[Blank]</u> Foal Colour: <u>[Blank]</u> Foal Robe: <u>[Blank]</u>		ISO FMS 12mm Barcode: <u>953500000294536</u> Sterilized: <u>[Blank]</u>	
Remarks: <u>WHORL MID LINE AT EYE LEVEL</u>					
Limbs: Gliedmasse: Jambes:		Foreleg L: Vorderbein links: Ant. G: Foreleg R: Vorderbein rechts: Ant. D: Hindleg L: Hinterbein links: Post G: Hindleg R: Hinterbein rechts: Post D:			
Body: Körper: Corps:		<u>BILATERAL STIFFE WHORLS.</u>			
Markings: Sonstige Abzeichen: Marques:		<u>EAR MARK.</u> <u>UPPER BIT RIGHT EAR.</u>			
Place and Date: Ort und Datum: Lieu et Date:		<u>murthwaite 10-6-09.</u>			
Signature of Veterinary Surgeon (if appropriate): Signature de Veterinaire (si approprié):		[Redacted Signature Area]			



Cleveland Bay Horse Society - Extended Pedigree

	Manningford Jupiter 1947 b.1969
	Woodmans Baldric 1987 b.1974
	Gillshaw Calypso 1672 b.1969
Levenmouth Impeccable 2167 b.1983	Forest Royal Laird 1939 b.1968
	Levenmouth Bess 1758 b.1976
Sire	Bay Magic 1692 b.1971
Borderfame Prince Charming 2251 b.1988	Mulgrave Supreme 1915 b.1961
	Forest Superman 1925 b.1964
	Forest Felicity 1618 b.1959
Borderfame Joyful (prev GR163) 1968 b.1982	Mulgrave 1893 b.1952
	Coombegrove Harmonia GR102 b.1964
	Cassandra GR81 b.1957

Sweet Miracles Prince (Prev GRD 196) SB No 2599

	Mulgrave Supreme 1915 b.1961
	Knarborough Warlock 1946 b.1967
	Spring Fever 1644 b.1962
Storth House Temptation 2054 b.1978	Mulgrave 1893 b.1952
	Coombegrove Aphrodite 1639 b.1963
Dam	Mulgrave Violet 1627 b.1958
Sweet Miracle 1926 b.1983	Forest Superman 1925 b.1964
	Osberton David 1949 b.1969
	April Love 1610 b.1959
Thornsett Sweetmeadow 1833 b.1979	Nobleman 1948 b.1967
	Osberton Gabrielle 1705 b.1972

Name of Proprietor (or its Representative) Address (Address) (attach letters) (or form caption)		Name of Proprietor (or its Representative) Address (Address) (attach letters) (or form caption)	
Signed Vendor	Date	Signed CBHS	Date

The Proprietor must be returned to the Society with the current fee at each change of ownership.

I hereby certify that the ownership of the horse agree with those shown in this passport, and that the details on the front page are correct. I have completed the relevant section below.

