

CERTIFICATE OF VETERINARY EXAMINATION OF A HORSE PRIOR TO SALE AT AUCTION

(See Note 1)

The notes 1 to 4 appear on the reverse of this certificate

THIS IS TO CERTIFY THAT:

On: 30th January 2021

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address Caherdinna Stables
Kilworth
Araghin

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE

ENTERED FOR SALE BY AUCTION ON 9th February 2021

AT Goffs, Kildare

DESCRIPTION OF THE HORSE

Horse's Name Power x Big Heart
Passport Number 372 JRE 45312828 T
Microchip Number 985101045312828

Breed or Type THOROUGHBRED

Sex Gelding

Colour Bay

APPROXIMATE AGE RANGE

by ~~Document~~ OR by Documentation*

(* delete as appropriate)

(See Note 2) Three years

STAGES OF THE EXAMINATION (See Note 3)

I omitted stage(s) _____ of the standard procedure because _____

During the third stage of my examination the horse was (State the type of exercise) _____

Flexion tests were performed on the following limbs LEFT FORE RIGHT FORE LEFT HIND RIGHT HIND (delete those tests not performed)

Trotting on a small diameter circle on a firm surface WAS / WAS NOT performed

A blood sample WAS / WAS NOT taken from the horse during the examination (for medication analysis if required).

REPORT OF RELEVANT CLINICAL FINDINGS

① Splints inner aspect both front legs.

② This gelding is approx 15.3 hands.

Report continued on attached sheet YES / NO

OPINION OF THE EXAMINING VETERINARY SURGEON (See Note 4)

In my opinion, on the balance of probabilities, the clinical findings reported above DO / DO NOT prejudice this horse's suitability to be used for RACING

Veterinary Surgeon's Signature Brian Lenahan

Date of Signature 29/1/2021

Veterinary Surgeon's Name BRIAN LENAHAN

And Address (In Block Capitals) FERRYWAY
CO CORR

THE EXAMINATION REFERRED TO IN THIS CERTIFICATE MUST TAKE PLACE WITHIN 14 DAYS OF THE AUCTION

GOFFS

SINCE 1866

ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/ DESCRIPTION
Caherdinna	112	Power x Big Heart 2018

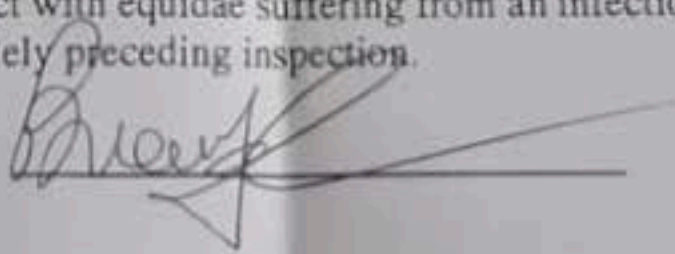
MUST ACCOMPANY HORSE WHEN PRESENTED AT GOFFS ENTRANCE GATE

I HEREBY CERTIFY THAT THE ANIMAL DESCRIBED ABOVE:

- (a) has been examined by me today and shows no clinical sign of infectious or contagious disease;
- (b) is not intended for slaughter under a national disease eradication programme;
- (c) has not been vaccinated against African Horse Sickness
(if the animal has been vaccinated, delete previous line and insert date here _____) and does not come from the territory or part of the territory of a Member State of Third Country which is the subject of restriction for reasons of African Horse Sickness;
- (d) has not been obtained from a holding which was subject to prohibition for animal health reasons, nor was it in contact with equidae obtained from a holding which was subject to prohibition for animal health reasons for the following period of time:
 - six months in the case of equidae suspect of having contacted **dourine**, beginning on the date of the last actual contact or possible contact with a sick animal; however, in the case of a stallion the prohibition shall apply until the animal is castrated;
 - six months in the case of **glanders** or **equine encephalomyelitis**, beginning on the date on which the equidae suffering from the disease in question were slaughtered.
 - in the case of **infectious anaemia**, until the date on which the infected animals have been slaughtered and the remaining animals have shown a negative reaction to two Coggin's tests carried out three months apart;
 - six months in the case of **vesicular stomatitis**;
 - one month from the last recorded case in the case of **rabies**;
 - fifteen days from the last recorded case in the case of **anthrax**;
- (e) on the basis of declarations by the owner or breeder, there are no grounds for concluding that the animal has been in contact with equidae suffering from an infectious or contagious disease during the fifteen days immediately preceding inspection.

Practice Stamp

BRIAN J LENAHAN OBR MVB
ARK VETERINARY CLINIC
FERMOY CO CORK
TEL: 025 30999



Signature of Registered
Veterinary Surgeon
Name in Capital Letters

29/1/2021

Date

Signature of Owner/Breeder

Jack Fogarty

Date

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.
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		
1. Initial Vaccination/ Première vaccination						
8/12/2020	Fermoy	IRE	Equilis® Prequenza Te A258A02 05-2021		Flu + Tet	BRIAN J LENAHAN DBR MV ARK VETERINARY CLINIC FERMOY CO CORK TEL: 025 309999
2. Between 21 - 92 days later/ Entre 21 - 92 jours	Fermoy	IRE	Equilis® Prequenza Te A258A02 05-2021		Flu + Tet	BRIAN J LENAHAN DBR MV ARK VETERINARY CLINIC FERMOY CO CORK TEL: 025 309999
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

VACCINATIONS FOR EQUINE INFLUENZA - CONTINUED

If the primary vaccination details and dates are not acceptable,
Si la séquence de vaccination ne convient pas, les dates de vaccination ne peuvent pas être modifiées.

372/RF 453128281