

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: (Date & Time) 8pm Feb 9th 2021

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address: T WALLACE
LEMONGROVE, GAYBROOK
MULLINGAR, CO. WESTMEATH

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE ENTERED FOR SALE BY AUCTION ON (Date of Sale) Feb 10th 2021

AT (Place of Sale) Goffs (ONLINE)

DESCRIPTION OF THE HORSE

Horse's Name	<u>STREAK OF BEAUTY (IRE)</u>	Breed or Type	<u>TB</u>	APPROXIMATE AGE RANGE	
Passport Number	<u>372IRE45317587T</u>	Sex	<u>FEMALE</u>	by <u>Denton</u> * OR by Documentation*	
Microchip Number	<u>985101045317587</u>	Colour	<u>CHESNUT</u>	(* delete as appropriate)	
				(See Note 2)	<u>5th APR 2018</u>

STAGES OF THE EXAMINATION (See Note 3)

I omitted stage(s) 3-5 of the standard procedure because N/A

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) THIS FILLY MEASURES 160cm.

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 BREEDING

Veterinary Surgeon's Signature

Date of Signature Feb 9th 2021

Veterinary Surgeon's Name JOHN C LITTLE
And Address ENNELL LODGE VETERINARY
(In Block Capitals) LYNN MULLINGAR WESTMEATH

John C Little BVM&S MRCVS
Ennell Lodge Veterinary, Mullingar
Co Westmeath 087 7749123

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

SELLER'S DECLARATION:

I declare that the horse described opposite is offered for sale as being suitable for:

BREEDING

I declare that this horse has not received any surgery, medication or abnormal nutrients likely to interfere with the findings of a clinical examination and is not subject to any disease, injury, physical abnormality or any vice, other than recorded below or declared here:

This certificate is to be used solely in connection with the sale shown opposite.

Signature Tom Wallace

Date 09 / 02 / 21

Ennell Lodge Veterinary
Lynn,
Mullingar
Co Westmeath
Ireland
Mobile +353877749123



Mare: STREAK OF BEAUTY (IRE)

Passport No: 372 IRE45317587T Microchip No: 985101045317587

Date: 29.1.2021

I have this day examined the above filly/mare and verified her identity from her passport and her microchip number (where a microchip transponder is present).

The examination consisted of the following:

Palpation per rectum of the internal reproductive tract

Yes / No

Transrectal ultrasound of the internal reproductive tract

Yes / No

Visual (speculum) examination of the cervix and vagina

Yes / No

Manual palpation of the cervix and vagina

Yes / No

Visual examination of the vulva and perineum

Yes / No

The vulva of this mare has been stitched

Yes / No

A cervical and/or clitoral swab has been taken & copy of laboratory report attached

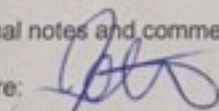
Yes / No

Based on this examination I ~~did~~ did not detect any obvious abnormalities likely to affect the animal's future suitability for breeding.

Additional notes and comments: NONE

Signature:

Name:


JOHN C LITTLE

Practice stamp:

John C Little BVMS MRCVS
Ennell Lodge Veterinary, Mullingar
Co Westmeath 087 7749123

*delete as appropriate

DR. JOHN C. LITTLE, BSC, BA, BVM&S, MRCVS
DR. JOHN C. LITTLE, BSC, BA, BVM&S, MRCVS
ENNELL LODGE VETERINARY
LYNN
MULLINGAR
CO WESTMEATH
IRELAND

Laboratory No : 21MI003126
Animal ID : STREAK OF BEAUTY
Owner : T WALLACE / LEWINSTOWN
Gender : FEMALE

Tel: 087 7749123

Contagious Equine Metritis Certificate of Testing

Sample Date: 26/01/2021 **Receipt Date:** 27/01/2021 **Sample Type:** Clitoral Fossa/ Sinus Swab
Analysis Date: 27/01/2021 **Report Date:** 03/02/2021 **Species:** Equine
Test Method: SOP P5.052: Examination of Specimens / Swabs for *Taylorella equigenitalis*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*

Sites	<i>T. equigenitalis</i> (after 7 days culture)	<i>K. pneumoniae</i> (after 48hrs culture)	<i>Pseu. aeruginosa</i> (after 48hrs culture)
Clitoral Fossa	Negative	Negative	Negative
Clitoral Sinus	Negative	Negative	Negative

Signed:



Dr. James Gibbons, MVB, PhD
Head of Microbiology

DR. JOHN C. LITTLE, BSC, BA, BVM&S, MRCVS
DR. JOHN C. LITTLE, BSC, BA, BVM&S, MRCVS
ENNELL LODGE VETERINARY
LYNN
MULLINGAR
CO WESTMEATH
IRELAND

Tel: 087 7749123

Laboratory No : 21VI004185
Animal ID : STREAK OF BEAUTY
Mchip/Passport:
Owner : T WALLACE / LEWINSTOWN
Species : EQUINE
Sample Date : 26/01/21
Receipt Date : 27/01/21
Specimen : SERUM

SERUM NEUTRALISATION TEST (SNT) FOR EAV

SERUM NEUTRALISATION TEST (SNT) FOR EAV

EAV Negative at a dilution of 1:4

Result No antibodies to Equine Arteritis Virus (EAV) were detected by the neutralisation test.

NOTE: Equine Viral Arteritis (EVA) is caused by Equine Arteritis Virus (EAV).

ELISA TEST FOR EIA ANTIBODIES

Result Negative

Note This sample tested negative by the ELISA test for Equine Infectious Anaemia (EIA).

Signed:



Date: 2/3/2021

Maura Nelly, Chief Scientist / Virology
MSc.



Date: 2/3/2021

Ann A. Cullinane, MVB, PhD, MRCVS
Head of Virology

To continue to develop our service to the industry, all samples are retained for research purposes unless we receive a written request for exemption. The results apply to the samples as received and relates only to the item tested. This report shall not be reproduced, except in full, without the prior written approval of the laboratory.

GOFFS

SINCE 1864

ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/ DESCRIPTION
LEWINSTOWN FARM	151	STREAK OF BEAUTY (IRE) 2018 CHESNOT Filly

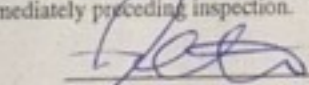
MUST ACCOMPANY HORSE WHEN PRESENTED AT GOFFS ENTRANCE GATE

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

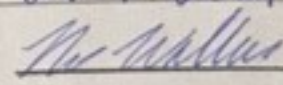
John C Little BVMS&S MRCVS
Ennel Lodge Veterinary, Mullingar
Co Westmeath 087 7749123


John C Little
29.1.2021

Signature of Registered
Veterinary Surgeon
Name in Capital Letters

Date

Signature of Owner/Breeder



Date 29/1/21

PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALETIQUE

NAME (Nom)

STREAK OF BEAUTY (IRE)

SIRE (Père)

HOT STREAK (IRE)

DAM (Mère)

LOQUACITY (GB)

**NOT FOR
HUMAN CONSUMPTION
BY
STUD BOOK**

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)

05th Apr 2018

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Ireland

**NOT FIT FOR HUMAN
CONSUMPTION**

3(a) COLOUR (Couleur)

Chesnut

11. ISSUING AUTHORITY
(Autorité Émettrice)



WEATHERBYS

Russell Ferris

RUSSELL FERRIS
Stud Book Director



HEAD - (R) (TÊTE) IRREGULAR STAR INCLUDING MEDIAN WHORL EYELEVEL. CONJOINED STRIPE ENDING MID BRIDGE OF NOSE.

L.F. (A.D.) (3c) NONE

R.F. (A.D.) (3c) NONE

L.H. (P.Q.) (3c) NONE

R.H. (P.D.) (3c) NONE

BODY NECK -
(3g) (CORPS)

WHORL MID CREST BOTH SIDES. WHORL AT LARYNX. BILATERAL STIFLE WHORLS.

MARKINGS 3(h)
(MARQUES)

NONE

DO NOT WRITE BELOW THIS LINE

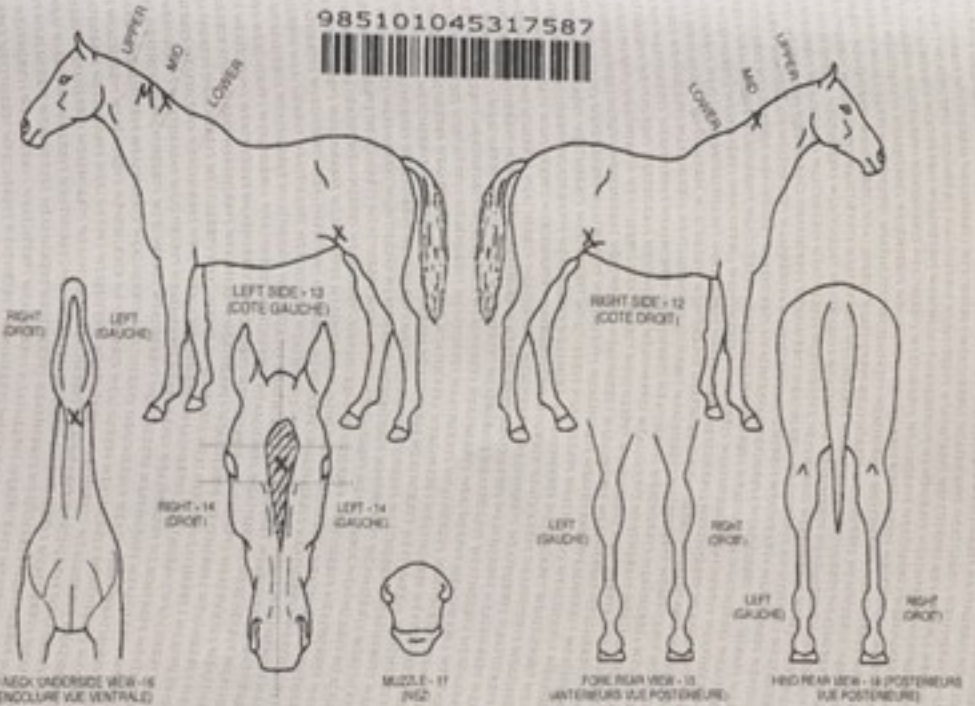
372IRE45317587T
SECTION I - Part B Outline diagram
Partie B Signalement Graphique

NT IS ISSUED

en, Co. Limerick

darro, W91 NF22

985101045317587



<p>NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)</p> <p>DR ROBERT STUCKENBERG CASTLE FARM HOSPITAL CO LIMERICK</p>	<p>I certify that I have read and understood the instructions printed. I have seen each of the photographs and I have seen and *all bloodsampled the foal. *I inserted a Weatherly's Microchip into the foal. *I scanned and read a Weatherly's microchip previously inserted. * Please delete as appropriate</p> <p>Signature of Veterinary Surgeon: <i>Robert Stuckenberg</i></p> <p><small>(Not to be the Issuer, Dealer or Buyer of the foal)</small></p>	<p>Townland where foal was marked PALLAS GREEN</p> <p>Date of examination 19/09/2018</p>
--	---	--

19 STAMP (each)

Certified as a true copy by the Issuing body (outside Europe dont use copies of 'Organisme émetteur')

By (Par)

WEATHERBYS



Robert

MADEIRA, IRELAND, Sand Road, Castle

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.
Allard vaccination details and dates are not acceptable.
Allard vaccination details et dates ne sont pas acceptables, cette mention doit être suivie du nom et de la signature du vétérinaire.
Tous renseignements des vaccinations: Tous renseignements des vaccinations doivent être complets et détaillés, 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)	
01/06/2019 <i>1st Annual Vaccination/ Première vaccination</i>	Pollockspitea	IRE	Equilis* PREVENZA 2e lot A24QA03 EP 01-2020		Influenza/ Tétanus	Carmel Molloy, MVB Ballymore Equine Clinic, RR 163-95-32 98 www.ballymore.ie
22/06/2019 <i>2. Between 21 - 92 days later/ Entre 21 - 92 jours</i>	Pollockspitea	IRE	Equilis* PREVENZA 2e lot A24QA03 EP 01-2020		Influenza/ Tétanus	Carmel Molloy, MVB Ballymore Equine Clinic, RR 163-95-32 98 www.ballymore.ie
21/12/19 <i>3. Between 180 - 255 days later/ Entre 180 - 255 jours</i>	The Grange	IRE	Proteq Flu-Tet lot L447951 05/06-2020		Flu Tet	Angley Lodge Equine Hospital Ltd, The Grange, Co. Wick THOMAS AUSTIN

VACCINATIONS FOR EQUINE INFLUENZA - CONTINUED

Allard 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 verified.
Si la séquence des vaccins primaires doivent être recommencés, les vaccinations doivent être inscrites en section vaccins annuels, marques 1, 2 et 3 comme vérifiées.

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)	
7.12.20	Mullingar	IRE	Equilis PREVENZA 2e	Equilis* PREVENZA 2e lot A266A01 12-2021	Flu + Tet	John C Little BVMS MRCV Equestrian Ltd Co Westmeath J. LITTLE