

# 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)

## 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

## DESCRIPTION OF THE HORSE

Horse's Name	<u>BERGAMO (IRE)</u>	Breed or Type	<u>TB</u>	APPROXIMATE AGE RANGE
Passport Number	<u>372 IRE45313679T</u>	Sex	<u>FEMALE</u>	by <del>Birth</del> OR by Documentation*
Microchip Number	<u>985101045313679</u>	Colour	<u>CHESNUT</u>	(* delete as appropriate)
				(See Note 2) <u>21st 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) SMALL EXCORIATIONS RIGHT OF TAIL HEAD. OLD WELL HEALED.
- 2) AURAL PLAQUES IN RIGHT EAR.
- 3) 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 [Signature] Date of Signature Feb 9th 2021

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

John C Little BVM&S MRCVS  
 Ennell Lodge Veterinary, Mullingar  
 Co Westmeath O87 7749123

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

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



Mare: **BERGAMO (IRE)**

Passport No: **372IRE45313679T** Microchip No: **985101045313679**

Date: **29.01.21.**

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	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Transrectal ultrasound of the internal reproductive tract	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Visual (speculum) examination of the cervix and vagina	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Manual palpation of the cervix and vagina	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Visual examination of the vulva and perineum	<input checked="" type="radio"/> Yes / <input type="radio"/> No
The vulva of this mare has been stitched	<input checked="" type="radio"/> Yes / <input type="radio"/> No
A cervical and/or clitoral swab has been taken & copy of laboratory report attached	<input checked="" type="radio"/> Yes / <input type="radio"/> 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 O67 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** : 21MI003127  
**Animal ID** : BERGAMO  
**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** : 21VI004186  
**Animal ID** : BERGAMO  
**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 1866

## ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/DESCRIPTION
LEWINSTOWN Farm	244	BERGAMO (IRE) 2018 Ebernus Filly

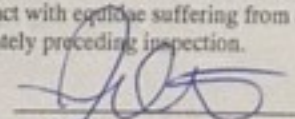
### MUST ACCOMPANY HORSE WHEN PRESENTED AT GOFFS ENTRANCE GATE

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 MRCVS  
Enniscorthy Veterinary, Mullingar  
Co Wickinagh 087 7749123

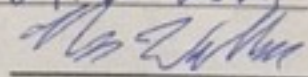
  
JOHN C LITTLE

Signature of Registered  
Veterinary Surgeon  
Name in Capital Letters

29.01.2021

Date

Signature of Owner/Breeder



Date 29/1/21

# PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom)

BERGAMO (IRE)

NOT FOR

SIRE (Père)

EXCELEBRATION (IRE)

HUMAN CONSUMPTION

DAM (Mère)

CHARLOTTE RUA (IRE)

618

## 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)

21st Apr 2018

2(b) COUNTRY OF BIRTH (Pays de Naissance)

Ireland

3(a) COLOUR (Robe)

Chesnut

11. ISSUING AUTHORITY (Autorité Émettrice)



WEATHERBYS

*Russell Ferris*

RUSSELL FERRIS  
Stud Book Director



HEAD - (3b)  
(TÊTE)

Whorl at eye level in large star continuing as stripe and becoming fleshed out as a poll whorl.

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

No markings

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

White fetlock

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

No markings

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

White fetlock

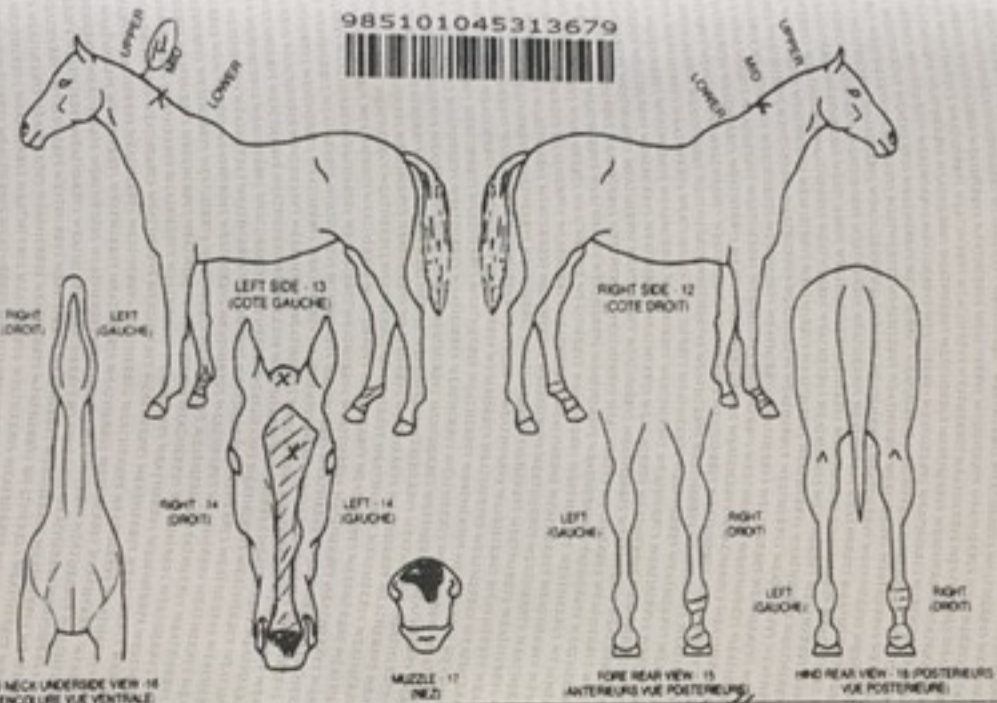
BODYNECK  
(3g) (CORPS)

Whorls mid crest both sides.

MARKINGS (3h)  
(MARQUES)

None

372IRE45313679T  
SECTION I - Part B Outline diagram  
Partie B Signalment Graphique



985101045313679



NAME AND ADDRESS OF VETERINARY SURGEON  
David Halley, BVMS, MRCVS  
O'BYRNE & HALLEY  
MVB, MRCVS - VETERINARY SURGEONS  
FETHARD EQUINE HOSPITAL  
FETHARD  
CO. TIPPERARY

Signature of Veterinary Surgeon  
(Not to be the breeder, owner or trainer of the foal)

I certify that I have read and understood the instructions overleaf and have been given the pedigree details by the breeder/keeper who has assured me that they have confirmed the identity of the dam against her passport. I have also:

- \*a) bloodsampled the animal.
- \*b) inserted a Weatherbys Microchip into the animal.
- \*c) scanned and read a Weatherbys microchip previously inserted.
- \* Please delete as appropriate.

Date of Examination

29/05/2018

Townland where foal was marked

Kelis

19 STAMP (attached)

Certified as a true copy by the Issuing Body (centrally controlled foal) using copies of (Forganaisma (foalmark))

By (Fau)

WEATHERBYS



Weatherbys Microchip  
Weatherbys Microchip Equine Division

# 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 veterinary practitioner.  
Altered vaccination details and dates are not acceptable.  
L'engagement des vaccinations: Tous vaccins et dates de vaccination doivent être notés et précisés; cette mention doit être suivie du nom et de la signature du vétérinaire. Les dates et vaccinations ne peuvent pas être modifiées.

19/10/19

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 3/4/19	Kells	IRE	Proteg Flu + Tet	L459738	Flu & Tet	
2. Between 21 - 92 days later/ Entre 21 - 92 jours 15/5/19	Kells	IRE	Proteg Flu + Tet	L459738	Flu & Tet	
3. Between 150 - 215 days later/ Entre 150 - 215 jours 12/12/19	Kilbane	Ire	 L467951 05/06-2020		Flu + Tet	 <b>Miguel Rodriguez</b> Kilbane Equine Hospital Ltd 37th Cough, Co. Kildare

## 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 advised.  
Si la séquence des vaccins primaires doit être recommencée, les vaccinations doivent être notées en section vaccins annuels, marqués 1, 2 et 3 comme indiqué.

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	EQUINE INFLUENZA TET	 AZ66A01 12-2021	Flu + Tet	 <b>John C Little</b> BVM&S MRCVS Equine Veterinary Mullingar Co. Westmeath DB7 7149123