



30<sup>th</sup> January, 2021

**RE: BAY MARE (2013) "MERCIFILLY"**  
**Lot 246 Goffs February Sale 2021**

I hereby certify that I have this day carried out a pregnancy examination on the above mentioned mare.

The said mare is, in my opinion, at the time of my examination **IN FOAL**.

O'Byrne & Halley  
M.V.B., M's.R.C.V.S.  
Fethard Equine Hospital  
Fethard, Clonmel, Co. Tipperary  
Tel: 052 6130130

Signed: \_\_\_\_\_

  
Aisling Flynn MVB.

# 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: 30-01-2021

## AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address: BRIDGETON STUD  
 BALLYWALCOURTY CAPPACH  
 DUNGARVAN  
 CO. WATERFORD.

## I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE

ENTERED FOR SALE BY AUCTION ON 10.02.2021

AT GOFPS (ONLINE) FEB SALE

## SELLER'S DECLARATION:

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

Date .....

## DESCRIPTION OF THE HORSE

Horse's Name	MERCIFILLY (FR)	Breed or Type	THOROUGHBRED	APPROXIMATE AGE RANGE
Passport Number	2500FR 13307443M.	Sex	MARE	by Dentition* OR by Documentation* (* delete as appropriate)
Microchip Number	250259806080081	Colour	BAY	(See Note 2) 8

## STAGES OF THE EXAMINATION (See Note 3)

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

During the third stage of my examination the horse was (State the type of exercise) N/A

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

STANDS AT 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 BREEDING

Veterinary Surgeon's Signature  Date of Signature 30-01-2021

Veterinary Surgeon's Name AISLING FLYNN MVB  
 O'Byrne & Halley  
 M.V.B., M's.F.C.V.S.  
 Fethard Equine Hospital  
 Fethard, Clonmel, Co. Tipperary  
 Tel: 052 6133130

And Address  
 (In Block Capitals)

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



**A Flynn**  
O Byrne and Halley

**Name of Animal Mercifilly**

**Stable/Stud Anne Kearney**

**Lab Ref No 2669 / 2021**

**Sample Received 25/1/21**

**Report Date 2/2/21**

**CERTIFICATE OF BACTERIOLOGICAL EXAMINATION  
FOR CONTAGIOUS EQUINE METRITIS  
(Test Method: SOP P5.052)**

This is to certify that the swabs taken from the following sites:

Clitoral Sinus  Clitoral Fossa  Cervix  Endometrial

A) With the following results

B) By testing method

	Positive	Negative	Culture	PCR
<b>Taylorella equigenitalis</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Klebsiella pneumoniae</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Pseudomonas aeruginosa</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**EQUINE VIRAL ARTERITIS (EVA) SEROLOGY REPORT**

A blood sample identified as collected from the above horse, by the above veterinary surgeon, was submitted to Irish Equine Centre who have reported that their Serum Neutralisation Test result for Equine Viral Arteritis was:

**Negative**

**EQUINE INFECTIOUS ANAEMIA SEROLOGY REPORT**

A blood sample identified as collected from the above horse, by the above veterinary surgeon was submitted to Irish Equine Centre who have reported that their result for Equine Infectious Anaemia test was:

**Negative**

**Comments**

John Egan FIBMS

# GOFFS

SINCE 1866

## ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/ DESCRIPTION
PLATINUM BLOODSTOCK	246	BAY MARE (2013) MERCIFILLY


**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**


O'Byrne & Halley  
M.V.B., M's.R.C.V.S.  
Fethard Equine Hospital  
Fethard, Clonmel, Co. Tipperary  
Tel: 052 6130130

  
Aisling Flynn MVB.  
30.01.2021

**Signature of Registered  
Veterinary Surgeon  
Name in Capital Letters**

**Date**

**Signature of Owner/Breeder**

  
 \_\_\_\_\_

**Date** 31/2/2021

- Les visas pour accord sur l'identité de l'animal (p.18 à 21) lors des contrôles sur place (viser cette page signifie que l'identité de l'animal a été jugée conforme en un lieu et à un moment donné) ;  
- Les informations concernant le statut de l'animal vis à vis de la consommation humaine et le cas échéant les traitements médicamenteux autorisés (p.22 à 25) ;  
- Les données relatives à la gestion de la propriété dans le cas où l'animal est inscrit au Stud Book.

Directeur Général de l'IFCE,



Christian VANTER

**CERTIFICAT D'ORIGINE**  
*Certificate of origin*

N° SIRE **13 307 443 M**

UENL : 2500FR 13307443M

Nom :  
Name

**MERCIFILLY (FR)**



Sexe - Sex : FEMELLE  
Robe - Colour : BAI

Race - Breed : PUR SANG

Stud - Book : STUD BOOK FRANCAIS CHEVAL DE PUR SANG

Volume : 66

Par : WHIPPER (USA) , PS

et : COCO (USA) , PS

par : STORM BIRD (CAN) , PS

Date de naissance (Date of foaling) : 19 AVRIL 2013

Lieu de naissance (Place of birth) : OMMEEL 61160

Lieu d'élevage : OMMEEL

Place where bred : Département : ORNE

Région : BASSE NORMANDIE

Naisseur(s) - Breeder(s) :

E.A.R.L. ECURIE HARAS DU CADRAN

M. ANTOINE GILIBERT

50.00%  
50.00%















VACCINATIONS (Suite)

Voir indications page 10

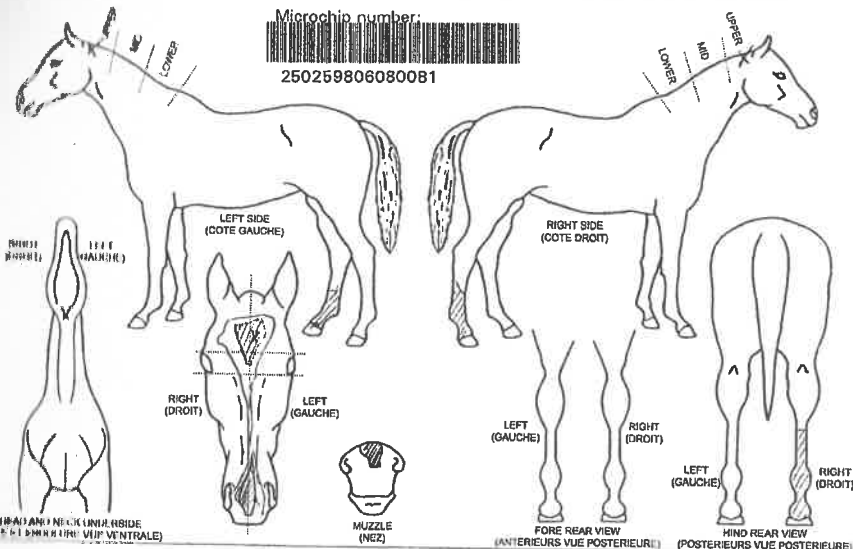
NOM DE L'ANIMAL

[Empty box for animal name]

(à inscrire à la première vaccination)

Vignette ou Nom du Vaccin et N° du Lot Vignette or Name of the Vaccine and N° of the batch	Maladies concernées Prevented diseases	Date précise (Jour, mois, année) Detailed date (day, month, year)	Lieu Place	Cachet ou Nom, Adresse du Vétérinaire Stamp or Name, Address of the Veterinarian	Signature manuscrite Hand-written signature
 Lot: 242076 Exp: 31/MAY/20	EHV <sub>1</sub>	20/10/17	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk
 Lot: 242076 Exp: 31/MAY/20	EHV <sub>1,4</sub>	03/12/17	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk
 Lot: 242076 Exp: 31/MAY/20	EHV <sub>1,4</sub>	20/1/18	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk
 Lot: 255800 Exp: 04/SEP/20	EHV <sub>1,4</sub>	4/10/18	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk
 Lot: A24-3A02 Exp: 02-2020	Flu, Tetanus	09.10.18	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk K
 Lot: A24-3A02 Exp: 02-2020	Flu	20/1/18	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk K
 Lot: L459731 Exp: 31/05-2021	Flu, Tetanus	20-09-19	DUNGARVAN	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk K
EQUIP® EHV 1,4 zogenis Lot: 332661 Exp: 30/08/2021		22-9-19			
 Lot: 332661 Exp: 30/08/2021		20/1/19			
 Lot: 332661 Exp: 30/08/2021		24/1/19			
 Lot: L470857 Exp: 26/10-2020	Flu, Tetanus	11/09/2020			
 Lot: 401821 Exp: 18/07/2022	Herpes	17/10/2020	Dungarvan	GILLIAN KING MVB 98 CRUACHAN DUNGARVAN CO. WATERFORD PH. (087) 9476759 E: gilliankingvet@gmail.com	gpk
 Lot: 401821 Exp: 18/07/2022	Herpes	19/12/2020	Dungarvan	O'Drime & Healy MVB, MRCVS Aisling Flynn MVB Fethard, Clonmel, Co. Tipperary Tel: 052 6130130	gpk

VETERINARY CERTIFICATE OF AGE AND MARKINGS FOR NAME REGISTRATION PURPOSES



DO NOT USE THIS SPACE FOR AUTHORITY

\*THESE ITEMS ARE BASED ON INFORMATION SUPPLIED BY THE OWNER OR HIS/HER AGENT

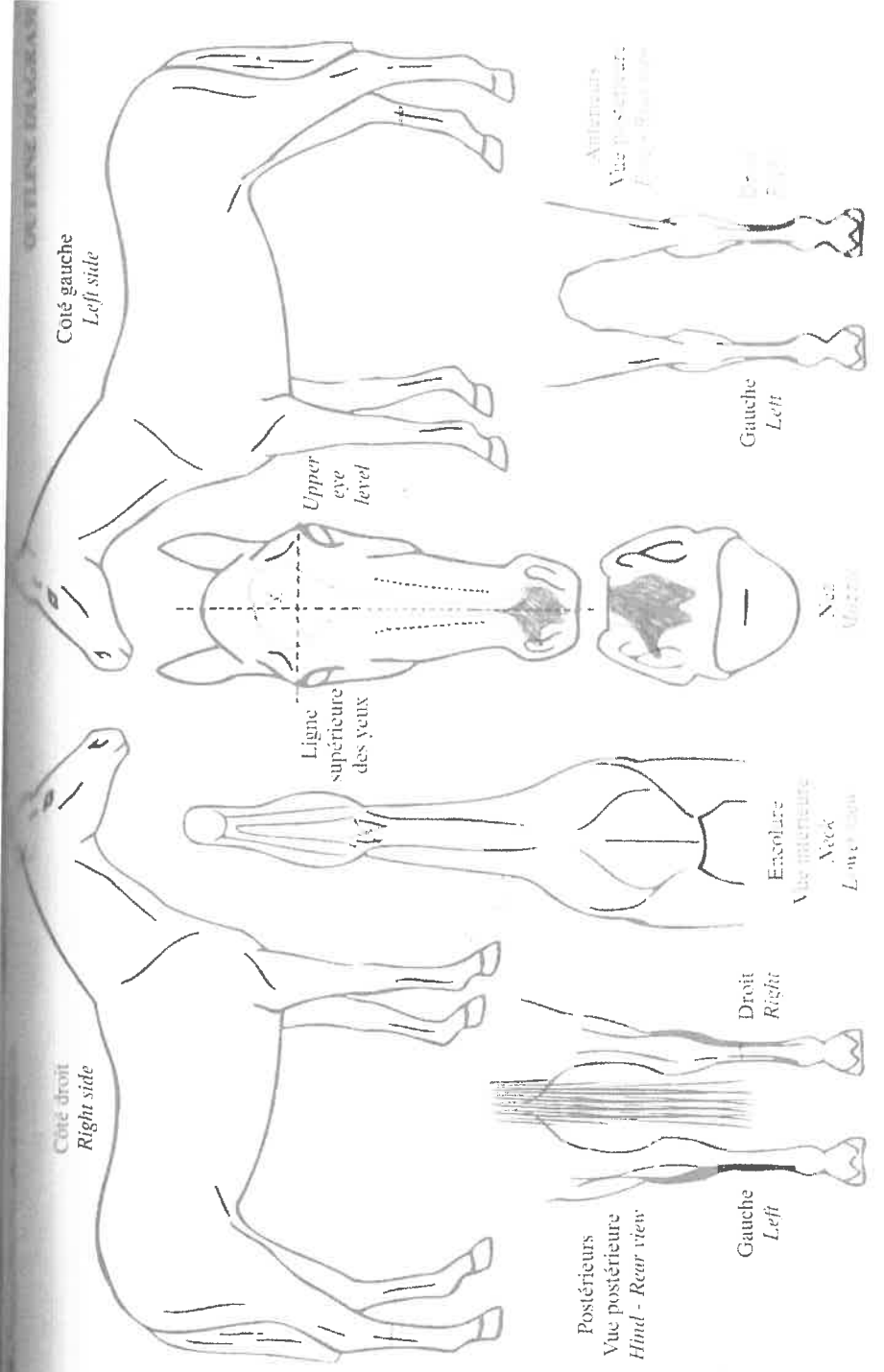
DATE OF BIRTH 11 / 04 / 13	COLOUR (ROBE) BAY	SEX (SEX) FILLY	*SIRE (PERE) WHIPPER (USA)	*DAM (MERE) COCO (USA)
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HEAD (TETE)	Whorl just to left of midline, above eyelevel, within central bordered star conjoined thin stripe ending in fleshmark to upper muzzle.
NECK (NECK)	Upper crest whorls left and right. Throat latch whorl.
LEFT FORELEGS (P. GAUCHE)	NIL.
RIGHT FORELEGS (P. DROIT)	NIL.
LEFT HINDLEGS (P. GAUCHE)	NIL.
RIGHT HINDLEGS (P. DROIT)	White to upper cannon. Emine mark on inside.

SIGNATURE OF VETERINARY SURGEON  
 Please Note: All animals foaled since January 1st 1999 are required to be microchipped and there may be a requirement for the horse to be bloodtyped.  
 I certify that I (a) inserted a microchip supplied by Washertec, which I tested as functioning before and after insertion and (b) ticked those markings when I microchipped the horse,  
 (b) ticked markings because on comparing the horse with the markings in the passport I found (a) missing and (b) already inserted and scanned and read the microchip already inserted.  
 (Not to be ticked, owner or trainer of the horse for which the certificate is issued.)

NAME OF VETERINARY PRACTICE (IN BLOCK CAPITALS)  
 P. H. HAWAN MCVS  
 REMODALE CLIP  
 1100111 Collège Glabbe  
 Newmarket, CO. 015  
 DATE OF EXAMINATION  
 9 / 1 / 2015

2501  
 Nom : Name  
 TETE  
 ANT. ANT. POST. POST. MARÇ



Si TRANSPONDEUR, comparer N° lu au N° inscrit ⇔ N° exact : ~~si~~ si différent N° :