

**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) 2/2/2021 10AM**AT THE REQUEST OF AND ON BEHALF OF THE SELLER**Seller's Name & Address: KILTOWN STWDI HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE
ENTERED FOR SALE BY AUCTION ON(Date of Sale) 9/2/2021AT (Place of Sale) GUFFS**SELLER'S DECLARATION:**

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

RACING

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 John SheDate 2, Feb, 2021**DESCRIPTION OF THE HORSE**

Horse's Name	<u>by ELZAAM ex NUEVA</u>	Breed or Type	<u>TB</u>	APPROXIMATE AGE RANGE by Dentition* OR by Documentation* (*delete as appropriate)
Passport Number	<u>372IRE4533507ST</u>	Sex	<u>COB</u>	(See Note 2)
Microchip Number	<u>985101045335075</u>	Colour	<u>BAY</u>	<u>2y2</u>

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) LUNGEDFlexion 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 performedA blood sample WAS / WAS NOT taken from the horse during the examination (for medication analysis if required)**REPORT OF RELEVANT CLINICAL FINDINGS**HEIGHT 151 cm- NILReport 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

Shane Ryan

Date of Signature

2/2/2021

Veterinary Surgeon's Name

**Shane Ryan MVB
Kilcaah Equine Clinic
Kilcaah, Co. Tipperary
087-2805991**

And Address

(In Block Capitals)

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

GOFFS

ESTABLISHED 1962

ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/DESCRIPTION
KILTOWN STWD		238 colt by Elgum ex Nialla

MUST ACCOMPANY HORSE WHEN PRESENTED AT GIFFS ENTRANCE GATE

I HEREBY CERTIFY THAT THE ANIMAL DESCRIBED ABOVE:

- (a) has been examined by me today and shows no clinical signs 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 contracted **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 **reticular 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
Shane Ryan MVB
Kilcush Equine Clinic
Kilcush, Co. Tipperary
087-2805991



 SHANE RYAN

 2/2/2021

Signature of Registered
 Veterinary Surgeon
 Name in Capital Letters

Date

Signature of Owner/Breeder _____

Date

PASSPORT (DOCUMENT OF DESCRIPTION)

ENREY SIGNALÉTIQUE

NAME (Nom) _____
 SIRE (Père) **ELZAAM (AUS)**
 DAM (Mère) **NUEVA (IRE)**

FLU vaccination
 due **NOV 2020!**
www.equinevet.ie

SECTION I

IDENTIFICATION DETAILS PART A (Part A - Données d'identification)

1(a) SPECIES (Espèce) **Horse (Cheval)** 1(b) SEX (Sexe) **Colt**
 2(a) DATE OF BIRTH (Date de naissance) **04th Apr 2019** 2(b) COUNTRY OF BIRTH (Pays de naissance) **Ireland**
 3(a) COLOUR (Couleur) **Bay**

WEATHERBYS

Russell Evans
 RUSSELL EVANS
 Stud Book Director

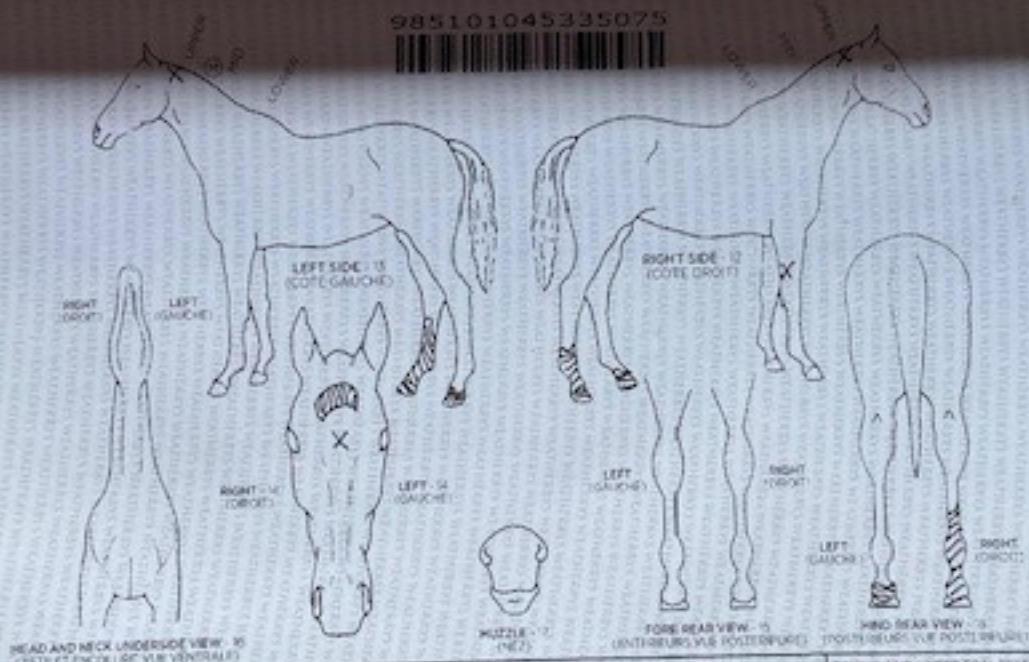


WEATHERBYS

LEADS (Charnières)	MARKS (Marques)
LF (L) (1)	None
RF (R) (2)	Outer edge lower forearm
LH (L) (3)	White to lower pastern, white hoof
RH (R) (4)	White to upper third cannon, lighter inside white hoof
BDY/NECK (CORPS) (5)	None, upper crest both sides
MARKS (MARQUES) (6)	None

SECTION 1 - Part B Outline diagram
Parte B Signalement Graphique

985101045335075



NAME AND ADDRESS OF VETERINARY SURGEON

Dr. OSCAR MAZZARELLO
Grange Equine Veterinary Clinic
Cuffesgrange, Co. Kilkenny, IRL
www.equinevet.ie
+353 862f 50770

SIGNATURE OF VETERINARY SURGEON

Oscar Mazzarello
I certify that I have read and understand the instructions contained. I have been given the pedigree details by the owner / keeper who has assured me that they have confirmed the identity of the dam applied for below.
I have also (please tick in appropriate):
 Discharged the animal.
 Inserted a Microchip/Microchip into the animal.
 Scanned and read a Microchip/microchip previously inserted.

DATE OF EXAMINATION

21 05 2019

TOWNSHIP WHERE FOAL WAS MARKED

The Rowet, Co. Kilkenny

COUNTRY OF BIRTH

IRELAND

AGE ESTIMATE OF ANIMAL

1 MONTH

KEEPER NAME & ADDRESS:

EPN NUMBER:

DAM'S MICROCHIP NUMBER:

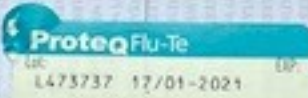
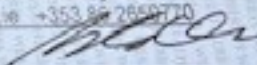
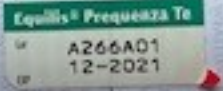
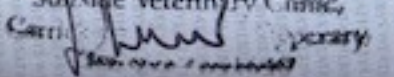
VETERINARY SURGEON (See Note 4)

balance of probabilities, the clinical findings reported above DO / DO NOT prejudice this
be used for

RACING.

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.
Altered vaccination details and dates are not acceptable.
Enregistrement des vaccinations: Toute vaccination subie par l'équidé doit être mentionnée dans le tableau ci-dessous de façon claire 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			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						
19-10-2020	Kiltown	IRL			Flu & Tet	Dr Oscar Mazzeo Vet Surg. Certif SportMed Grange Equine Veterinary Clinic www.equinevet.ie +353 86 2659720 
2. Between 21 - 92 days later/ Entre 21 - 92 jours						
7/1/21	Callan	IRL			Flu + Tetanus	de Paey, Clancy & Hoel Surrey Veterinary Clinic, Carrigrohane, Wexford 
3. Between 150 - 215 days later/ Entre 150 - 215 jours						

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 overleaf.
Si la séquence des vaccins primaires doit être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marqués 1, 2 et 3 comme ci-dessus.

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)	

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