

# 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: 28/01/2021

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

Seller's Name & Address:

Lewinstown Farm, Killucan, Co. Westmeath

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

## ENTERED FOR SALE BY AUCTION ON

09/02/2021

## AT

Goffs February Sale - Lot 61A

## 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

*Ken Cunnell*

Date

03, 02, 2021

## DESCRIPTION OF THE HORSE

|                  |                        |               |              |                                     |                           |
|------------------|------------------------|---------------|--------------|-------------------------------------|---------------------------|
| Horse's Name     | 2019 Vadamus ex Adjala | Breed or Type | THOROUGHBRED | APPROXIMATE AGE RANGE               |                           |
| Passport Number  |                        | Sex           | Filly        | by <del>XXXXXX</del> Documentation* | (* delete as appropriate) |
| Microchip Number | 985101045301039        | Colour        | Brown        |                                     | (See Note 2)              |

## STAGES OF THE EXAMINATION (See Note 3)

|   |   |  |   |
|---|---|--|---|
| I omitted stage(s)  | zero  | of the standard procedure because              | N/A   |
| During the third stage of my examination the horse was (State the type of exercise) | LUNGED  |  |   |
| Flexion tests were performed on the following limbs                                 | <input checked="" type="checkbox"/> LEFT FORE | <input checked="" type="checkbox"/> RIGHT FORE | <input checked="" type="checkbox"/> LEFT HIND / <input checked="" type="checkbox"/> RIGHT HIND (delete those tests not performed) |
| Trotting on a small diameter circle on a firm surface                               | <input checked="" type="checkbox"/> WAS       | <input checked="" type="checkbox"/> WAS NOT    | performed   |
| A blood sample  | <input checked="" type="checkbox"/> WAS       | <input checked="" type="checkbox"/> WAS NOT    | taken from the horse during the examination (for medication analysis if required).  |

## REPORT OF RELEVANT CLINICAL FINDINGS

NONE

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

*Kevin Foley*

Date of Signature 28/01/2021

Veterinary Surgeon's Name

KEVIN FOLEY

And Address

CLONDALEE, HILL OF DOWN, CO. MEATH

(In Block Capitals)

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

# PASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

NAME (Nom)

SIRE (Père) **VADAMOS (FR)**

DAM (Mère) **ADJALA (IRE)**

## 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)

**23rd Mar 2019**

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

**Ireland**

3(a) COLOUR (Robe)

**Brown**

11. ISSUING AUTHORITY  
(Autorité Émettrice)



**WEATHERBYS**

*Russell Ferris*

RUSSELL FERRIS  
Stud Book Director

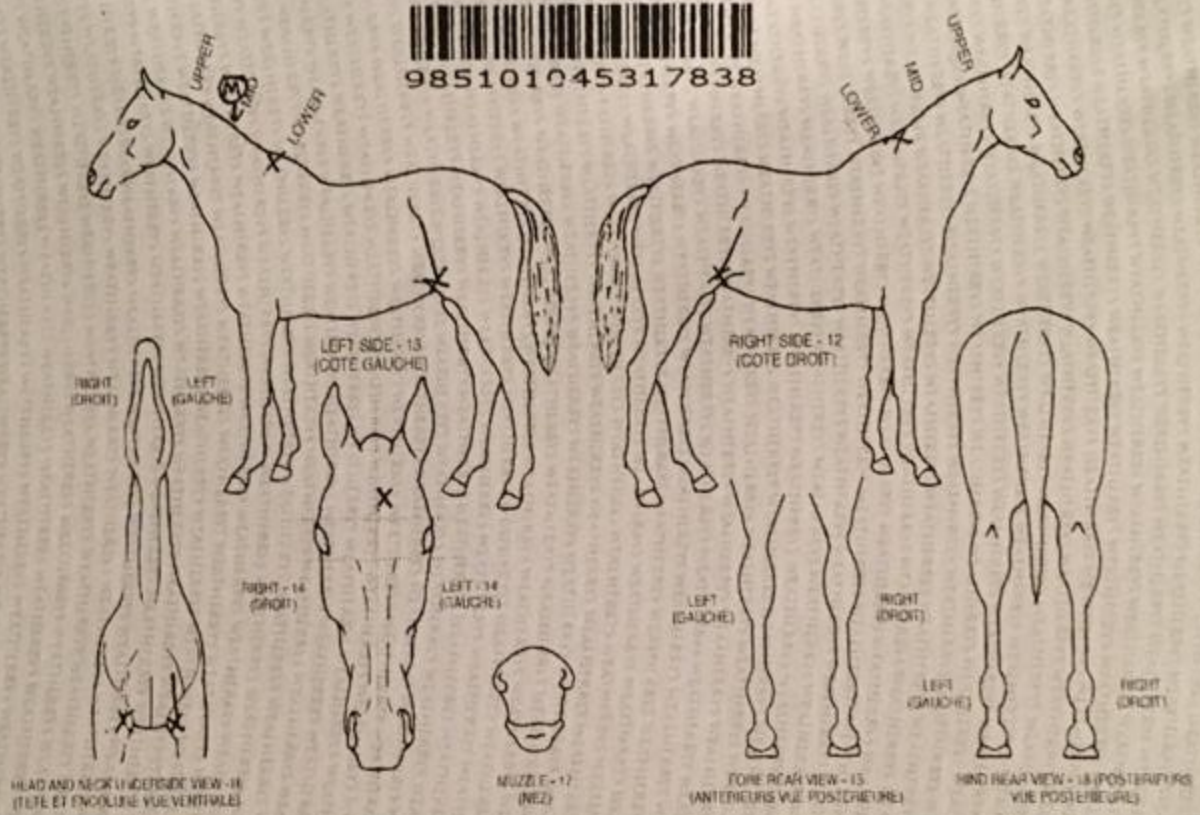


|                            |   |
|----------------------------|---|
| HEAD - (3b)<br>(TÊTE)      | WHORL LEFT OF MIDLINE ABOVE UPPER EYE LEVEL.  |
| LF. (A.G.)<br>(3c)         | NO MARKINGS: DARK HOOF.   |
| RF. (A.D.)<br>(3d)         | NO MARKINGS: DARK HOOF.   |
| LH. (P.G.)<br>(3e)         | NO MARKINGS: DARK HOOF.   |
| RH. (P.D.)<br>(3f)         | NO MARKINGS: DARK HOOF.   |
| BODY/NECK-<br>(3g) (CORPS) | BILATERAL STIFLE FOLD AND UPPER FOREARM WHORLS FEATHERED UPWARDS. BILATERAL LOWER CREST WHORLS. |
| MARKINGS (3h)<br>(MARQUES) | NONE.   |

372IRE45317838T

SECTION I - Part B Outline diagram

Partie B Signalement Graphique



NAME AND ADDRESS OF VETERINARY SURGEON  
(WITH COX CAPITALS)

**Mr John C Little BVM&S MRCVS**  
 Ennell Lodge Veterinary, Lynn.  
 Mullingar Westmeath  
 0877749123

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

(a) bloodsampled the foal  
 (b) inserted a Weatherbys Microchip into the foal.

Date of examination  
 16/07/2019

Signature of Veterinary Surgeon:  
(that is to be the name of the holder of the passport)

Townland where foal was marked  
**GAYBROOK**

Please read these instructions overleaf before completing this form. Once completed send this form with the blood sample to the Weatherbys Laboratory.

NAME OF BREE DER/KEEPER DETAILS || EVE, AMIEE AND JAMIE WALLACE

19 STAMP (acher)  
 Certified as a true copy by the issuing body (certifié comme étant une copie b l'organisme émetteur)

By (Par) WEATHERBYS

*Russell*  
 RUSSELL PERREN, Show Show Director

Co. Kildare, W91 NF22  
 Westmeath, Ireland  
 PASSPORT IS ISSUED

# 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.  
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 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/<br>Date   | Place/<br>Lieu | Country/<br>Pays | Vaccine/<br>Vaccin        |   |                           | Practice Stamp, name (in capitals) and signature of<br>veterinarian/<br>Nom en capitales et signature du vétérinaire |
|---|----------------|------------------|---------------------------|---|---------------------------|--|
|   |                |                  | Name/<br>Nom              | Batch Number/<br>Numéro du lot                  | Disease(s)/<br>Maladie(s) |  |
| 1. Initial Vaccination/<br>Première vaccination<br><br>02.1.2021          | Mullingar      | IRE              | EQUINO<br>Prequenza<br>Te | Equilis® Prequenza Te<br>lot A264A01<br>09-2021 | Fly<br>+<br>TET           | John C Little BVM&S MRCVS<br>Enniskillick Veterinary, Mullingar<br>Co Westmeath UB7 749123                           |
| 2. Between 21 - 92<br>days later/<br>Entre 21 - 92 jours<br><br>26.1.2021 | Mullingar      | IRE              | EQUINO<br>Prequenza<br>Te | Equilis® Prequenza Te<br>lot A266A01<br>12-2021 | Fly<br>+<br>TET           | John C Little BVM&S MRCVS<br>Enniskillick Veterinary, Mullingar<br>Co Westmeath UB7 749123                           |
| 3. Between 150 - 215<br>days later/<br>Entre 150 - 215 jours              |                |                  |                           |   |                           |  |

# VACCINATIONS FOR EQUINE INFLUENZA - CONTINUED

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 doivent être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marquées 1, 2 et 3 comme ci-dessus.

| Date/<br>Date | Place/<br>Lieu | Country/<br>Pays | Vaccine/<br>Vaccin |                                |                           | Practice Stamp, name (in capitals) and signature of<br>veterinarian/<br>Nom en capitales et signature du vétérinaire |
|---------------|----------------|------------------|--------------------|--------------------------------|---------------------------|--|
|               |                |                  | Name/<br>Nom       | Batch Number/<br>Numéro du lot | Disease(s)/<br>Maladie(s) |  |
|               |                |                  |                    |                                |                           |  |

16 of 44

01/11/2021 14:31/838T

31