

# 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: 26-1-2021

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address:  
BARODA STUD

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE ENTERED FOR SALE BY AUCTION ON 9-Feb-2021 AT GOFFS

## 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 Seamus Keane

Date 26 1 2021

## DESCRIPTION OF THE HORSE

Horse's Name	<u>BATED BREATH / ALAHIDA</u>	Breed or Type	<u>THOROUGHBRED</u>	APPROXIMATE AGE RANGE by Dentition* OR by Documentation* (* delete as appropriate)
Passport Number	<u>372RE4532433A</u>	Sex	<u>FILLY</u>	(See Note 2) <u>2YO</u>
Microchip Number	<u>9RS10104532433A</u>	Colour	<u>BAY</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) LUNGED

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

Splint inside LF

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 P. McGrath Date of Signature 26-1-2021

Veterinary Surgeon's Name Patrick McGrath, MVB Cert ESM

And Address (In Block Capitals) Somerton Equine Hospital  
Frlarstown  
Kildare

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) **BATED BREATH (GB)**

**DAM** (Mère) **ALAHIDA (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)

**21st Mar 2019**

**2(b) COUNTRY OF BIRTH**

(Pays de Naissance)

**Ireland**

**3(a) COLOUR** (Robe)

**Bay**

**11. ISSUING AUTHORITY**  
(Autorité Émettrice)



**WEATHERBYS**

*Russell Ferris*  
RUSSELL FERRIS  
Stud Book Director



WEATHERBYS

<b>HEAD</b> (b) (TÊTE)	MIDLINE WHORL ABOVE EYE LEVEL RIGHT TO FEW WHITE HAIRS.
<b>L.F. (A.G.)</b> (b)	NIL.
<b>R.F. (A.D.)</b> (b)	NIL.
<b>L.H. (P.Q.)</b> (b)	WHITE TO LOWER PASTERN.
<b>R.H. (P.Q.)</b> (b)	WHITE TO LOWER PASTERN.
<b>BODY NECK</b> (b) (CORPS)	BILATERAL MID CREST WHORLS. MIDLINE WHORL AT LOWER WINDPIPE. BILATERAL STIFLE WHORLS.
<b>MARKINGS (c)</b> (MARQUES)	NIL.

WEATHERBYS v13.12

372IRE45324339T

UNIQUE LIFE NUMBER (Numero unique d'identification variable à vie)

372IRE45324339T

MICROCHIP NUMBER (Code du transporteur (si disponible))  
985101045324339

ALTERNATIVE METHOD OF IDENTITY VERIFICATION  
(Méthode alternative de vérification d'identité (si applicable))

PARENTAGE VERIFICATION  
(Vérification Parentale)  
PARENTAGE TESTED (DNA)

READER  
NAME AND ADDRESS OF THE PERSON TO WHOM DOCUMENT IS ISSUED  
(Nom et adresse du destinataire du document)  
Mrs T. Mahon  
Mountain View, Ballycaghan, Kilcock, Co. Kildare, Ireland

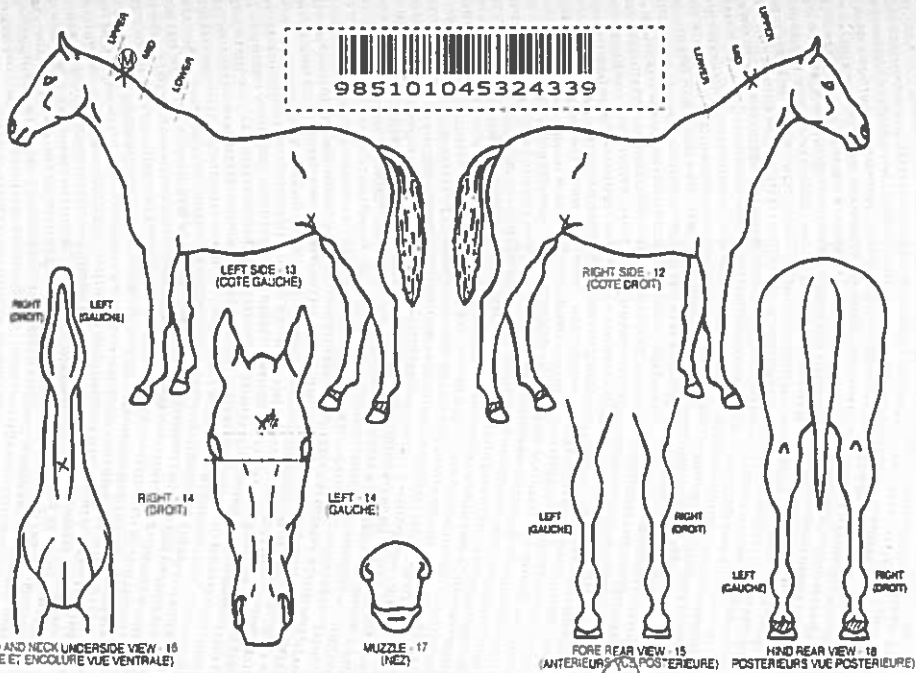
DATE OF ISSUE 23rd Jul 2019  
(date d'émission)

PLACE (au)  
Weatherbys Ireland Ltd, Tara Court, Dulin Road, Naas, Co. Kildare, W91 NF22

SECTION I - Part B Outline diagram  
Partie B Signallement Graphique

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NAME AND ADDRESS OF VETERINARY SURGEON <b>Dr. Olga Stathi DVM</b> <b>Sycamore Lodge Equine Hospital</b> Sycamore Lodge, The Curragh, Co. Kildare, Ireland Tel +353 (0)45 441562 info@sycamorelodge.ie	SIGNATURE OF VETERINARY SURGEON:  I certify that I have read and understood the instructions overleaf. I have been given the pedigree details by the owner/breeder who has assured me that they have confirmed the identity of the dam against their passport. I have also checked as appropriate: <input checked="" type="checkbox"/> Bloodsampled the animal. <input checked="" type="checkbox"/> Inserted a Weatherbys Microchip into the animal. <input type="checkbox"/> Scanned and registered a Weatherbys microchip previously marked.	TOWN/LAND WHERE FOAL WAS MARKED: <b>KILCOCK</b> COUNTRY OF BIRTH: <b>IRE</b> AGE ESTIMATE OF ANIMAL:
DATE OF EXAMINATION <b>15/04/2019</b>		

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

By (par)

WEATHERBYS

RUSSELL FRENCH, Head Sales Director

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 modifiés.

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 30/01/2020	KILCOCK	IRE	Equilis® Frequence Te A25BA02 05-2021		FLU + TET	SYCAMORE LODGE Equine Hospital The Curragh, Co. Kildare OLGA STATHI
2. Between 21 - 92 days later/ Entre 21 - 92 jours 02/03/2020	KILCOCK	IRE	Equilis® Frequence Te A261B02 06-2021		FLU + TET	SYCAMORE LODGE Equine Hospital The Curragh, Co. Kildare OLGA STATHI
3. Between 150 - 215 days later/ Entre 150 - 215 jours 18/09/2020	KILCOCK	IRE	Proteq Flu-Te L470857 26/10-2020		FLU + TET	SYCAMORE LODGE Equine Hospital The Curragh, Co. Kildare. OLGA STATHI

If the primary vaccination sequence needs to be restarted, please mark the entries in the annual vaccinations section overleaf, using 1, 2, and 3 as above

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 overleaf/  
Si la séquence des vaccins primaires doit être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marquées 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)	
18/1/2021	KILCOCK	IRE	Proteq Flu-Te L481577 27/08-2021		FLU + TET	SYCAMORE LODGE Equine Hospital The Curragh, Co. Kildare OLGA STATHI

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