

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

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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 O'Doherty*

Date 1/2/2021

THIS IS TO CERTIFY THAT:

On: (Date & Time) 1/2/2021

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address: Oliver O Connor Bloodstock
Ballykeows Slur
Redcross
A67 PN34 Co Wexlow

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE

ENTERED FOR SALE BY AUCTION ON (Date of Sale) 9/2/2021

AT (Place of Sale) Giff's Feb Sale P

DESCRIPTION OF THE HORSE

Horse's Name	Bay HOR STREAK or DOREESIA	Breed or Type	Color T-B	APPROXIMATE AGE RANGE	
Passport Number	8260 9B 45254405	Sex	Colt	by Dentition* OR by Documentation*	
Microchip Number	98510102525440	Colour	Chestnut	(* delete as appropriate)	(See Note 2) 2019

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)

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

Small Cues left hock
measured 15cm

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

Veterinary Surgeon's Signature

John O'Doherty

Date of Signature

1/2/2021

Veterinary Surgeon's Name

John O'Doherty
Veterinary Surgeon
Carnew Road,
Gorey, Co. Wexford
053 / 9421724

And Address
(In Block Capitals)

GOFFS

IRELAND · SINCE 1866

ANIMAL HEALTH INFORMATION FOR INTRA-COMMUNITY MOVEMENT

VENDOR'S NAME	LOT NO	NAME/ DESCRIPTION
OLWE O Connor Bloodstock	83	2019 Bay Horse Stock Pc DOREESHA

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 O'Doherty
Veterinary Surgeon
Carnew Road,
Gorey, Co. Wexford
053 / 9421724

John O'Doherty
1/2/2021

Signature of Registered
Veterinary Surgeon
Name in Capital Letters

Date

Signature of Owner/Breeder

Agent

Date 1/2/2021

PASSPORT (DOCUMENT OF DESCRIPTION)

LVRET SIGNALÉTIQUE

NAME (Nom)

SIRE (Père) **HOT STREAK (IRE)**

DAM (Mère) **DAREESHA (IRE)**

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SECTION I

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

1(a) SPECIES (Espèce)

Horse (Cheval)

1(b) SEX (Sexe)

Colt

2(a) DATE OF BIRTH

(Date de Naissance)

20th Apr 2019

2(b) COUNTRY OF BIRTH

(Pays de Naissance)

Great Britain

3(a) COLOUR (Robe)

Chesnut

11. ISSUING AUTHORITY
(Autorité Émettrice)



WEATHERBYS

Simon Cooper

SIMON COOPER
Stud Book Director



HEAD - (3b)
(TÊTE)

Whorl midline upper eye level contained in white star. Forelock whorl. Flesh mark on muzzle.

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

Nil

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

Nil

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

White to upper third cannon. White hoof.

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

White to mid cannon. White hoof.



BODY NECK -
(3g) (CORPS)

Whorl upper neck crest left side. Whorl^{lower} neck feathered upwards right side. Bilateral stifle and flank whorls. Bilateral pectoral whorls feathered upwards. Throat whorl.

MARKINGS (3h)
(MARQUES)

Nil

DO NOT WRITE BELOW THIS LINE

8260GB45254440T

4 **UNIQUE LIFE NUMBER** (*Numéro unique d'identification valable à vie*)

8260GB45254440T

5 **MICROCHIP NUMBER** (*Code du transpondeur (si disponible)*)



985101045254440

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

7 **PARENTAGE VERIFICATION**
(*Vérification Parentale*)

PARENTAGE TESTED (DNA)

8 **BREEDER**
(*Éleveur*)

NAME AND ADDRESS OF THE PERSON TO WHOM DOCUMENT IS ISSUED
(*Nom et adresse du destinataire du document*)

Mrs C. B. Booth & Catridge Farm Stud

**c/o Catridge Farm Stud, Wick Lane, Lacock, CHIPPENHAM,
Wiltshire, Great Britain, SN15 2LU**

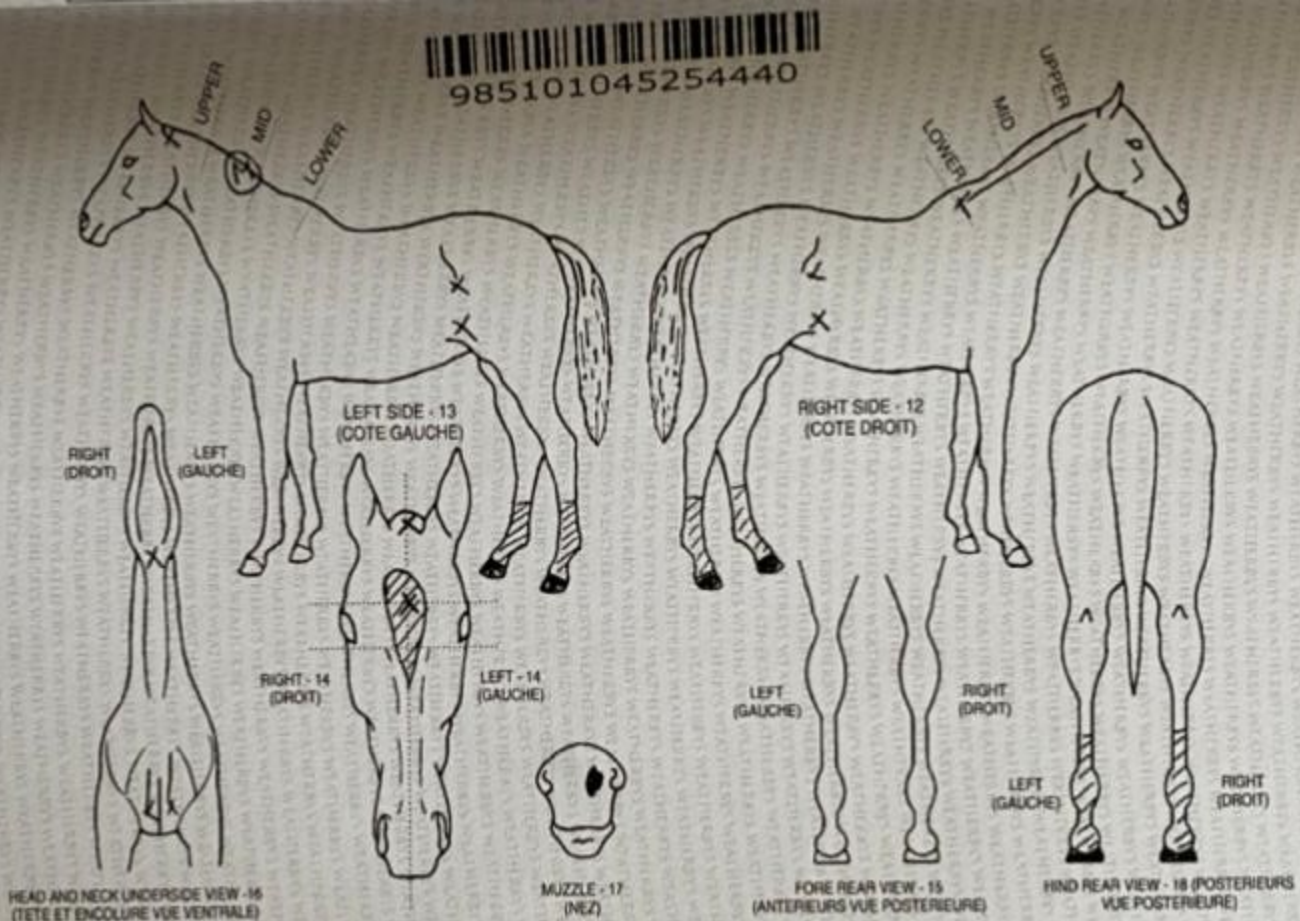
9 **DATE OF ISSUE**
(*Date d'émission*) **08th Aug 2019**

10 **PLACE**
(*Lieu*)

Weatherbys Ltd, Sanders Road, Wellingborough, Northants, NN8 4BX, England

SECTION I - Part B Outline diagram

Partie B Signalement Graphique



NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)

E. Saric., B.Vet.Med., MRCVS
 The Minster Equine Veterinary Clinic
 Northfield Lane, Upper Poppleton
 York, N.Yorks. YO26 6QF

I certify that I have read and understood the instructions overleaf. I have been given the pedigree details by the owner/agent 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,
- *c) scanned and read a Weatherbys microchip previously inserted.

Signature of Veterinary Surgeon
(not to be the breeder, owner or trainer of the horse)

E. Saric.

Date of examination

15/05 2019

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

By (Par)

WEATHERBYS



SHARON COOPER
 Head Sales Director

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/ 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 02 JAN 2020	Nonzon Gunc	UK	Equilis® Prequenza Te Lot A253A06 12-2020		Inf TCT	Blackinder BVSc CertEP MRCVS Rosbow Equine Hospital Ltd 01653 695743
2. Between 21 - 92 days later/ Entre 21 - 92 jours 27/1/2020	Ballyka J2		Equilis® Prequenza Te Lot A253A03 12-2020		Ju Te	John O'Doherty Veterinary Surgeon Carnew Road, Gorey, Co. Wexford
3. Between 150 - 215 days later/ Entre 150 - 215 jours 26/6/2020	Ballyka J2		Equilis® Prequenza Te Lot A258A02 05-2021		Ju Te	John O'Doherty Veterinary Surgeon Carnew Road, Gorey, Co. Wexford

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
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