

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: 13/11/2020

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address

BUCKLEY BLOODSTOCK,

HAREFIELD, WHEELHAM, MILLTOWN,

NEWBRIDGE, KILDARE, W12 TD30.

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE

ENTERED FOR SALE BY AUCTION ON 17/11/2020

AT GOFFS ONLINE AUCTION.

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

Date

13 / 11 / 2020

DESCRIPTION OF THE HORSE LOT 248

Horse's Name: FULBRIGHT X KODIAC MOMENT 19	Breed or Type: THOROUGHBRED	APPROXIMATE AGE RANGE by Dentition* OR by Documentation* (* delete as appropriate)
Passport Number: 372IRE45336998T	Sex: FILLY	(See Note 2) ONE YEAR OLD
Microchip Number: 985101045336998	Colour: BAY	

STAGES OF THE EXAMINATION (See Note 3)

I omitted stages: **NAD** of the standard procedure because **NAD**

During the third stage of my examination the horse was (State the type of exercise) **strenuously exercised on lunge.**

Flexion tests were performed on the following limbs: **LEFT FORE** / **RIGHT FORE** / **LEFT HIND** / **RIGHT HIND** (delete those tests not performed) (unbroken yearling)

Trotting on a small diameter circle on a firm surface **WAS** / **WAS NOT** performed (unbroken yearling)

A blood sample **WAS** / **WAS NOT** taken from the horse during the examination (for medication analysis if required).

REPORT OF RELEVANT CLINICAL FINDINGS

No significant findings.

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

Date of Signature

Veterinary Surgeon's Name **SUSAN SAUER**

13/11/20

And Address
(In Block Capitals)

SES Equine Veterinary Services
Bellinona House
Stratford on Slaney
W91FC04
0876036006

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