

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: 5 NOV '20

AT THE REQUEST OF AND ON BEHALF OF THE SELLER

Seller's Name & Address: PAT BEIRNE
KILLEATHER
KILCAN
Co. KILDARE

I HAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE ENTERED FOR SALE BY AUCTION ON

AT 18/11/20
GOHJ ONLINE SALE

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: [Signature]

Date: 8 11 20

DESCRIPTION OF THE HORSE

Horse's Name	<u>STRATBURN & LEWIS</u>	Breed or Type	<u>THOROUGHBRED</u>	APPROXIMATE AGE RANGE
Passport Number		Sex	<u>COLT</u>	by Dentition* OR by Documentation*
Microchip Number	<u>985101045325097</u>	Colour	<u>BAY</u>	(* delete as appropriate)
				(See Note 2) <u>20A</u>

STAGES OF THE EXAMINATION (See Note 3)

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

16 hands

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: [Signature] Date of Signature: 5 NOV '20

Veterinary Surgeon's Name: _____

And Address (In Block Capitals): _____

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