HEALTH DECLARATION FOR HORSE SALES

| Sale : | NZB NYS2022 | Lot Number : | 0269 |
|------------------|-------------|-----------------|-----------|
| Name of horse : | | Year of birth : | |
| Breeding (Sire): | Preferment | (Dam) : | Gem Lover |
| Sex : | Colt | Colour : | Bay |

PART TWO: VETERINARIAN'S STATEMENT:

| 1. | Name of horse and/ or Lot Number : | Preferment – Gem Lover | |
|----|---|------------------------|-----------------------|
| | Microchip 985141003964186 : | | |
| | Brands : | | |
| | | | Circle as appropriate |
| 2. | Does an external examination of the eye with a bright light reveal any abnormalities? | | No |
| | If Yes, provide full details below: | | |
| 3. | Is horse an entire male and does it have two palpable and descended testicles? | | Yes |
| | If No, provide full details below: | | |
| | OR already castrated | | No |
| 4. | Does the horse have a "club" foot or "club" feet? | | No |
| 5. | Is there evidence of an undershot mandible ("Parrot mouth)? | | No |
| 6. | Is auscultation of the heart within normal lin | mits? | Yes |
| | If No, provide full details below: | | |
| 7. | Are both jugular veins patent? | | Yes |

| Details of any abnormalities noted in 2-7 above: |
|--|
| |
| |
| |

| Dicc | laimer |
|------|--------|
| DISC | ıaıııı |

Lot No: _____ Page **1** of **2**

This document has been prepared for the sole use by the veterinarian engaged by the Purchaser/Purchaser's agent. It is understood and agreed that this document will only be used for the purpose of the veterinarian engaged by the purchaser advising their client and is only for the New Zealand Bloodstock NYS sales on 7-13 March 2022. No other use is permitted.

It may not be used or relied on (in whole or part) by anyone else, or for any other purpose or in any other contexts, without our prior written agreement.

The Purchaser/Purchaser's agent understands and accepts that the veterinarian and practice make no statement, representation or warranty about this horse's soundness, suitability for purchase or fitness for purpose.

The Purchaser/purchaser's agent is deemed to be aware that any information or opinion contained in this report is only based on a reasonable assessment of the matters in 1-7 above. Some clinical signs of disease, injury or abnormality that may have manifested themselves in a full examination may not be apparent. The veterinarian and practice accept no responsibility or liability in relation to any issues unrelated to 1-7 above.

| Name Neil Houston: | |
|--|---------------------------------|
| Signed Name : | |
| Date 06 March 2022: | |
| For and on behalf of Clinic (Clinic name): | Veterinary Associates Equine LP |

Lot No: _____ Page 2 of 2