



DECLARATION OF HEALTH – KARAKA 2022

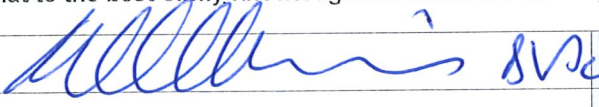
| | | | |
|--------------------|----------------------|---------------|--------------|
| Lot | 1082 | Colour | Bay |
| Sex | Colt | Use | Thoroughbred |
| Sire | US Navy Flag | Dam | Spamalot |
| Microchip No. | 985125000119762 | Year of Birth | 2020 |
| Height: | 15.1hh | Weight: | 476 kg |
| Veterinary Surgeon | Dr Mark Chitty, BVSc | | |

| | | | |
|----|--|---|--|
| 1 | Was the horse born and raised at Haunui Farm? If NO, please provide details below. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | During the last 12 months, has the horse suffered from any form of colic or other intestinal/digestive disorder, or undergone any abdominal surgery? Is there any external evidence of previous abdominal surgery? If YES, please give full details below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3 | During the last 12 months, has the horse suffered from any other illness or disease? If YES, please give full details below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4 | During the last 12 months, has the horse suffered from any accident, lameness, fracture, tendon or ligament injury. If YES, please give full details below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5 | During the last 12 months, has there been any evidence of contagious or infectious disease in the location where the horse is kept? If YES, please give full details below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6 | Has the above horse ever suffered from melanomas, sarcoids, warts or any other type of growth? If YES, please give full details below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7 | If the horse is a colt, is there evidence of two testicles? If NO, please explain below. N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Does this horse have a parrot mouth? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9 | Does this horse have a club foot/feet? If YES, please explain below. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10 | To the best of your knowledge is the horse in good health and does the horse exhibit normal clinical signs? If NO, please give full details below | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Further information in respect of questions 2 – 10.

Other Comments;

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct.

| | | | |
|--------|---|------------|-------------|
| Signed |  | Print Name | MARK CHITTY |
| | Dr Mark Chitty, BVSc | | |
| Date | 22/2/22 | | |