DECLARATION OF HEALTH - KARAKA 2022

| Lot | | 866 | Colour | Bay | | | |
|---|--|---|---------------------|--------------------|---------|---------|--|
| Sex | | Colt | Use | Thoroughbred | | | |
| Sire | | Headwater | Dam | In Masquerade | | | |
| Microchip No. | | 985100012180024 | Year of Birth | 2020 | , | | |
| Height: | | 15.122 | Weight: | 46 | 461 kg | | |
| Veter | inary Surgeon | Dr Mark Chitty, BVSc | | | , | | |
| | | | | | | | |
| 1 | Was the horse born and raised at Haunui Farm? If NO, please provide details below. | | | | | No | |
| | 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. | | | | | No | |
| 3 | During the last 12 months, has the horse suffered from any other illness or disease? If YES, please give full details below. | | | | Yes | No | |
| | 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. | | | | Yes | 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. | | | | Yes | 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. | | | | Yes | No | |
| 7 | If the horse is a colt, is there evidence of two testicles? If NO, please explain below. | | | | Yes | ☐ No | |
| 8 | Does this horse have a parrot mouth? | | | | Yes | No | |
| 9 | Does this horse have a club foot/feet? If YES, please explain below. | | | | Yes | No | |
| 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 | | | | | Yes | ☐ No | |
| Further information in respect of questions 2 – 10. | | | | | | | |
| | | | | | | | |
| Othe | r Comments; | | 1 1 0 | | 0 | | |
| Co | ou AR | RIVED ON FARM 61 | 112/21 Ron | 2 YEARUN | 16 PREP | ARATION | |
| hereb | y certify that | to the best of my knowledge and belief th | e above particulars | are true and corre | ect. | | |
| Signed Meller Me Print Name MARK CHITY | | | | | | | |
| | Dr | Mark Chitty, BVSc | | | | | |
| Date | | 23/2/22 | / | | | | |



Surgery Report

Date: 5/10/21

Patient: Headwater In Masquerade '20

Procedure: Arthroscopic removal of an osteochondral fragment of the distal lateral trochlear ridge of the talus of the right tibiotarsal joint (hock). Arthroscopic removal of an osteochondral fragment of the proximal dorsomedial first phalanx of the right metatarsophalangeal joint (hind fetlock).

Report:

The fetlock joint was operated via dorsolateral and dorsomedial portals. Inspection of the joint revealed the presence of a loosely attached medial osteochondral fragment originating from the proximal aspect of the first phalanx measuring approximately 5 mm in length. Rongeurs were used to grasp and remove the osteochondral fragment. A curette was used to lightly debride the parent bone. Following removal the joint was lavaged with sterile saline and an egress cannula.

The tibiotarsal joint was operated via dorsomedial and dorsolateral portals. The dorsal aspect of the tibiotarsal joint was evaluated and the distal lateral trochlear ridge of the talus osteochondral fragment was located and measured approximately 4 mm in length. No other intra-articular abnormalities were detected. Rongeurs were used to grasp and remove the osteochondral fragment through this incision. A curette was used to debride the parent bone. A mechanical burr was used to debride the parent subchondral bone and cartilage. The joint was lavaged thoroughly with an egress cannula at the end of surgery.

Prognosis for full recovery:

Excellent

Alex Fowler

BVSc, DACVS-LA