DECLARATION OF HEALTH - KARAKA 2022

| Lot | | 994 | Colour | Bay | | |
|---|--|--|------------------------------|--------------------|------|-------|
| Sex | | Colt | Use | Thoroughbred | | |
| Sire | | Iffraaj | Dam | Platinum Monarch | | |
| Microchip No. | | 985125000120067 | Year of Birth | 2020 | | |
| Height: | | 15.72 | Weight: | 470 kg | | |
| Vete | rinary Surgeon | Dr Mark Chitty, BVSc | | | , | |
| | | | | | | ı |
| 1 | Was the horse b | Was the horse born and raised at Haunui Farm? If NO, please provide details below. | | | | No 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. | | | | | 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 |
| 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. | | | | 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 |
| Furt | her information | in respect of questions 2 – 10. | | | | |
| Othe | er Comments; | | | | | |
| nerek | by certify that | to the best of my knowledge and b | pelief the above particulars | are true and corre | ect. | |
| Signed Millim Nc Print Name MARK | | | | | | 7 |
| | Dr | Mark Chitty, BVSc | | | | |
| Date | | 23/2/22 | | | | |
| 9.51-22 | | | | | J | |