



## DECLARATION HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

Name of horse	<i>E. S. SARDAL</i>		
Sire	<i>E. S. PRINCE</i>	Dam	<i>E. S. MAHABBAH</i>
Date of birth	<i>07-04-2021</i>	Chip no.	<i>UAE* 22686</i>
UELN / Life no. / Reg. no.)	<i>9870000100 18063</i>		
Sex	<input type="checkbox"/> female	<input checked="" type="checkbox"/> male	
breeder (incl. country)	<i>SHK. ABDULLA BIN MAJID AL QASSIMI / UAE</i>		
owner (full name + address + contact details)	<i>SHK. ABDULLA BIN MAJID AL QASSIMI P.O. BOX 1991 SHARJAH 050-5195991</i>		
veterinarian (full name + address + registration/license number + contact details)	<i>RENOLSON KUNJUMON NELLUVELIL SHARJAH EQUINE HOSPITAL SHJ-APH-04-1338404 050 727 1602</i>		

Herewith, I confirm that the above described horse complies with the ECAHO Blue Book, Rules for Conduct of Shows (RCS) article 32 concerning Hereditary disorders:

- The horse complies with the Blue Book, Rules for Conduct of Shows, art. 32 a) Overbite/underbite
- The horse complies with the Blue Book, Rules for Conduct of Shows, art. 32 b) Cryptorchidism



*Renolson*  
**Dr. Renolson Nelluveli, DVM**  
**SHJ-APH-04-1338404**  
**Sharjah Equine Hospital**

*14 SEPT, 2023*

Date of issue

Stamp and signature of the veterinarian