

DECLARATION

HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

| Name of horse | S.S. GHALIA | | |
|--|--|---------------------|---------------------|
| Sire | D SERAJ | Dam | S.S. RETAJ |
| Date of birth | 20/02/2022 | Chip no. | 987000010019297 |
| UELN / Life no. / Reg. no.) | 784001000023942 | | |
| Sex | female | ma | le |
| breeder (incl. country) | SULTAN MOHAMED KHALIFA HAMAD ALYAHYAEE, UAE | | |
| owner (full name + address + contact details) | SULTAN MOHAMED KHALIFA HAMAD ALYAHYAEE, POBOX 1991, SHARJAH, UAE | | |
| | | | the Janes |
| veterinarian (full name + address + registration/license number + contact details) | CORRADO VALL SHJ-APH-04-2750 SHARJAH EQUIN +971 50 727 1602 | 6514 IE HOSPITAL | H EQUINE HOSPIT |
| 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 | | | |
| 03/01/2025 | | | |
| Date of issue | | Stamp and signature | of the veterinarian |