E C A H O
European Conference of
Arab Horse Organizations

DECLARATION

HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

Name of horse	ARBAD AL BUSTAN		
Sire	BS RAEED	**Dam**	BS SAMARA
Date of birth	26-NOV-2015	**Chip no.**	900074000719680
UELN /Life no./ Reg. no.	784 - 001 - 000015248		
Sex	FEMALE		
Breeder (incl. country)	AL BUSTAN STABLES, UNITED ARAB EMIRATES		
Owner (full name + address + contact details)	AL BUSTAN STABLES PO BOX 2203 DUBAI UNITED ARAB EMIRATES		
Veterinarian (full name + address + registration/license number + contact details)	Dr. KARTHIKEYAN DAKSHINAMOORTHY PO BOX 9373, ZABEEL 2, DUBAI EQUINE HOSPITAL, DUBAI, UNITED ARAB EMIRATES LICENSE NO DXB-APH 04-1761932 T: +97143178888, info@dubaiequine.ae		

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

مستشفى دبي للخيول
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7th OCT 2025

Date of issue

Stamp and signature of the veterinarian