



## DECLARATION HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

|                                                                                                       |                                                                                                                                                                                                                                   |                 |                 |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>Name of horse</b>                                                                                  | D FARDAH                                                                                                                                                                                                                          |                 |                 |
| <b>Sire</b>                                                                                           | D SHART (IT)                                                                                                                                                                                                                      | <b>Dam</b>      | D NAHDAH (AE)   |
| <b>Date of birth</b>                                                                                  | 07-JAN-2025                                                                                                                                                                                                                       | <b>Chip no.</b> | 784098100082949 |
| <b>UELN /Life no./<br/>Reg. no.</b>                                                                   | 784-001-000030151                                                                                                                                                                                                                 |                 |                 |
| <b>Sex</b>                                                                                            | FEMALE                                                                                                                                                                                                                            |                 |                 |
| <b>Breeder</b><br>(incl. country)                                                                     | DUBAI ARABIAN HORSE STUD, UNITED ARAB EMIRATES                                                                                                                                                                                    |                 |                 |
| <b>Owner</b><br>(full name + address +<br>contact details)                                            | DUBAI ARABIAN HORSE STUD<br>PO BOX 119000<br>DUBAI<br>UNITED ARAB EMIRATES                                                                                                                                                        |                 |                 |
| <b>Veterinarian</b><br>(full name + address<br>+ registration/license<br>number + contact<br>details) | Dr. KARTHIKEYAN DAKSHINAMOORTHY<br>PO BOX 9373, ZABEEL 2,<br>DUBAI EQUINE HOSPITAL, DUBAI, UNITED ARAB EMIRATES<br>LICENSE NO DXB-APH 04-1761932<br>T: +97143178888, <a href="mailto:info@dubaiequine.ae">info@dubaiequine.ae</a> |                 |                 |

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

8<sup>TH</sup> OCT 2026

Date of issue

