

DECLARATION HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

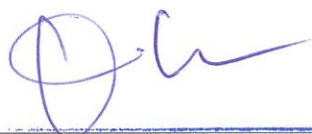
Name of horse	D THUMAMAH		
Sire	KAHIL AL SHAQAB	Dam	TRINITIE FM
Date of birth	21-APR-2015	Chip no.	900074000634270
UELN /Life no./ Reg. no.	78-001-000014739		
Sex	FEMALE		
Breeder (incl. country)	DUBAI ARABIAN HORSE STUD, UNITED ARAB EMIRATES		
Owner (full name + address + contact details)	DUBAI ARABIAN HORSE STUD PO BOX 119000 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

7TH OCT 2026

Date of issue


 Stamp and signature of the veterinarian
