



## DECLARATION HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

|                                                                                                           |                                                                                                                                                                                                                                   |                 |                 |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>Name of horse</b>                                                                                      | D HARMEYYAH                                                                                                                                                                                                                       |                 |                 |
| <b>Sire</b>                                                                                               | D SHAMMA'A (AE)                                                                                                                                                                                                                   | <b>Dam</b>      | D NAWAHEL (AE)  |
| <b>Date of birth</b>                                                                                      | 15-JAN-2023                                                                                                                                                                                                                       | <b>Chip no.</b> | 784098100074446 |
| <b>UELN /Life no./<br/>Reg. no.</b>                                                                       | 784-001-000026598                                                                                                                                                                                                                 |                 |                 |
| <b>Sex</b>                                                                                                | FEMALE                                                                                                                                                                                                                            |                 |                 |
| <b>Breeder<br/>(incl. country)</b>                                                                        | DUBAI ARABIAN HORSE STUD, UNITED ARAB EMIRATES                                                                                                                                                                                    |                 |                 |
| <b>Owner<br/>(full name + address +<br/>contact details)</b>                                              | DUBAI ARABIAN HORSE STUD<br>PO BOX 119000<br>DUBAI<br>UNITED ARAB EMIRATES                                                                                                                                                        |                 |                 |
| <b>Veterinarian<br/>(full name + address<br/>+ registration/license<br/>number + contact<br/>details)</b> | 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

Stamp and signature of the veterinarian

