



DECLARATION HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

Name of horse	D GHAMAMAH (IT)		
Sire	EXXALT (US)	Dam	D GHARAM (AE)
Date of birth	09-JULY-2023	Chip no.	380271000082103
UELN /Life no./ Reg. no.	380005299702023		
Sex	FEMALE		
Breeder (incl. country)	DUBAI ARABIAN HORSE STUD, ITALY		
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

8TH OCT 2026

Date of issue

Stamp and signature of the veterinarian

