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DECLARATION

ECAHO
European Conference of Arab Horse Organizations

HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

Name of horse	**SHAGRAT AL E'ZZ**		
Sire	**D JERNAS**	**Dam**	**D AMMOORAH**
Date of birth	**29 Feb 2020**	**Chip no.**	987000010007320
UELN / Life no. / Reg. no.)	**784001000021368**		
Sex	☑ female	☐ male	
breeder (incl. country)	**AL E'ZZ ARABIAN HORSE STUD**		
owner (full name + address + contact details)	**AHMED MOHAMED KHALAF AHMED ALOTAITBA**		
veterinarian (full name + address + registration/license number + contact details)	Dr. Renolson Nelluvelil, DVM SHJ-APH-04-1338404 Sharjah Equine Hospital		

مستشفى الشارقة للخيول
SHARJAH EQUINE HOSPITAL

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

☐ The horse complies with the Blue Book, Rules for Conduct of Shows, art. 32 b) Cryptorchidism

Dr. Renolson Nelluvelil, DVM
SHJ-APH-04-1338404
Sharjah Equine Hospital

22/10/2026

Date of issue

Stamp and signature of the veterinarian