VETERINARIAN CHECK

The undersigned veterinary,

that the foal / surrogate mare / 6 brse, des bed below has been examined and that this form has been completed to the best of his/her knowledge. EQUESTRIAN-AUCTIONS.COM CHIP: 981100006064752 Phone GREENHILL 2

Date of Birth: 2/5/2023

Pedigree(ffm): ERNITAGE UMONEX Name foal: Genter: Color: Owner: Residence: 1. How are: State of nutrition good normal inadequate good General Appearance normal inadequate Coat Conditions good inadequate normal Comments: 2. Are theye any defects in: Eves yes Teeth if overbite: yes Nose yes Discharge from the nose yes Comments: 3. Is the respiration normal? yes no If not explain: Have you observed any coughing no 4. Are there any symptoms which indicate a poor or abnormal digestion? yes Comments: 5. What is the state of the heartbeat and pulse at rest and after trot? normal abberant Are there any heart murmurs? yes no) 6. What defects are there concerning the limbs and hooves? no defects ves Are there any limb deformities? yes no Comments: 7. Are there any defects of the external genitalia? no yes Comments: If Stallion: 2 testicles: no If Stallion: testicles descendend yes no 8. Does the foal show defects in walk and/or trot? If yes what are the defects? yes Comments: 9. Are there any other symptoms of sickness, defects or faults? yes Signed by: Signature Jasmien Thiry BVBA Date - Location : N 4202 0496/52.81.26 In de Bus 14, 3945 Ham www.equestrian-auctions.com

> BBC & Co BV Zelle 4, Herenthout

declares