# HEALTH DECLARATION FOR HORSE SALES

Sale	:	INGUS DIGITAL (APRIL)	Lot Number :	
Name of horse	:	BAD HABITS	Year of birth	2017
Breeding (Sire)	:	POWER	(Dam)	LADY DEHERE
Sex	:	FILLY	Colour	BAY

## PART ONE: VENDOR'S (OR AGENT'S) STATEMENT:

1.	Name :	NICK FAIRWEATHER	Relationship to vendor :	OWNER	
2.	Source of horse :	Homebred	¥es / No		
		Other (give details)	Purchased as Yearling	9	
3.	Horse's weight :		Date weighed :		
4.	Horse's height :	lehh			
				Circle as appropriate	
5.	During the horse's ov intestinal disorder or	Yes /No			
	OR Is there any evide	ence of previous abdomin	nal surgery?	Yes No	
	If yes to either of the above questions, provide details below:				
6.	During the horse's ov	Yes (No)			
	or disease?				
	or disease?  If Yes, please provide			Yes /(No)	
7.	or disease?  If Yes, please provide  During the horse's ov	e details below:	from any accident,		
	or disease?  If Yes, please provide  During the horse's ov	e details below: wnership, has it suffered tendon, or ligament injury	from any accident,		
	or disease?  If Yes, please provide  During the horse's ov lameness, fracture, te lf Yes, please provide  During the horse's ov	e details below:  wnership, has it suffered in the sum of the sum	from any accident, ?		
7.	or disease?  If Yes, please provide  During the horse's ow lameness, fracture, te lf Yes, please provide  During the horse's ow surgical fracture repairs	e details below:  wnership, has it suffered it endon, or ligament injury' e details below:  wnership, has it undergor air or surgical intervention	from any accident, ? ne invasive joint surgery,	Yes /(No)	
7.	or disease?  If Yes, please provide  During the horse's or lameness, fracture, te If Yes, please provide  During the horse's or surgical fracture repatract?  If Yes, please provide  To the best of your key	e details below:  wnership, has it suffered it endon, or ligament injury e details below:  wnership, has it undergor ir or surgical intervention e details below:	from any accident, ? ne invasive joint surgery, n of the upper respiratory  good health and does it	Yes /(No)	

10+	No:			
LUI	INU.			

	onormalities noted above and/or other comments:		
I certify that to the best	my knowledge and belief, the above particulars are correct and true		
I certify that to the best	my knowledge and belief, the above particulars are correct and true  : Nick Fairweather		

Lot No: \_\_\_\_

### PART TWO: VETERINARIAN'S STATEMENT:

4	Name of house and/or Lat Number	Bad Habits (Lot 275 Inglis : April online sale)		
1.	Name of horse and/ or Lot Number	: 985125000099979		
	Microchip # Brands	: S inside C 10 ov 7		
	Dialius	.   Shistee C To ov 7	Circle as appropriate	
2.	Does an external examination of the e abnormalities?	ye with a bright light reveal any	Yes /No	
	If Yes, provide full details below:			
3.	Is horse an entire male and does it have testicles?	Yes / No N/A		
	If No, provide full details below:			
	OR already castrated		Yes	
4.	OR already castrated  Does the horse have a "club" foot or "c	club" feet?	Yes Yes /No	
4. 5. 6.	Does the horse have a "club" foot or "c	ndible ("Parrot mouth)?	Yes /No	
5.	Does the horse have a "club" foot or "c	ndible ("Parrot mouth)?	Yes /No	

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# Details of any abnormalities noted in 2-7 above: Right front foot is smaller and more upright compared to the left front foot – Shod in front

#### Disclaimer

This document has been prepared for the sole use by the veterinarian engaged by the Purchaser/Purchaser's agent. It is understood and agreed that this document will only be used for the purpose of the veterinarian engaged by the purchaser advising their client and is only for the Inglis April Online Sale 8-13<sup>th</sup> April 2022 . No other use is permitted.

It may not be used or relied on (in whole or part) by anyone else, or for any other purpose or in any other contexts, without our prior written agreement.

The Purchaser/Purchaser's agent understands and accepts that the veterinarian and practice make no statement, representation or warranty about this horse's soundness, suitability for purchase or fitness for purpose.

The Purchaser/purchaser's agent is deemed to be aware that any information or opinion contained in this report is only based on a reasonable assessment of the matters in 1-7 above. Some clinical signs of disease, injury or abnormality that may have manifested themselves in a full examination may not be apparent. The veterinarian and practice accept no responsibility or liability in relation to any issues unrelated to 1-7 above.

Name :	Robert G Hitchcock
Signed :	Aluthort
Date :	6/4/2022
For and on behalf of Clinic (Clinic name):	Cambridge Equine Hospital

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