

# CERTIFICATE OF VETERINARY EXAMINATION FOR A RACEHORSE TO BE IMPORTED INTO HONG KONG

This examination must be completed within 30 days of quarantine entry



香港賽馬會  
The Hong Kong Jockey Club

THIS IS TO CERTIFY THAT ON BEHALF AND AT THE REQUEST OF

Name **Matt Laurie**

I HAVE EXAMINED AND VERIFIED THE IDENTITY OF THE HORSE DESCRIBED BELOW AT THE PROPERTY

Name and Address **Carringbush Park 120 Graydens Rd Moorooduc Vic Australia**

THE HORSE WAS PRESENTED BY

Name <b>Isabelle Eames</b>	Position <b>Foreman</b>
At (place of examination)	<b>Carringbush Park</b>
On (date and time)	<b>7th July 2025 9.00am</b>
How long is this horse reported to be under the care of the current trainer?	<b>10 months</b>

HORSE DETAILS

Name <b>Central Bank</b>			
Microchip* <b>985125000126550</b>		Passport No.	
Sex <b>Gelding</b>	Colour <b>Bay</b>	Date of Birth <b>23/09/21</b>	Height <b>15.3hh</b>
Sire <b>Ten Sovereigns</b>		Dam <b>Petit Leon</b>	
Brand Left <b>Horse Head</b>		Brand Right <b>21 over 1</b>	
Shipping Agent		Quarantine Entry Date	
Hong Kong Trainer (if known)			
Hong Kong Prospective Owner / Owner or Agent			

\* All horses imported into Hong Kong must have an ISO 11784 / 11785 compliant microchip.

EXAMINING VETERINARY SURGEON DETAILS

Name <b>Ian Church</b>	Practice <b>Bay Equine</b>
Telephone <b>+61 418345192</b>	Email <b>lchurch@bayequine.au</b>

CONFLICT OF INTEREST DECLARATION

I hereby declare to the best of my knowledge that the information disclosed below is complete and correct: -

Are you the usual veterinarian for the current trainer, vendor or selling agent?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, please indicate to who you provide services	<input checked="" type="radio"/> Current Trainer	<input type="radio"/> Vendor <input type="radio"/> Selling Agent
Is the current trainer, vendor or selling agent a client of your practice?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, please indicate to who your practice provides services	<input checked="" type="radio"/> Current Trainer	<input type="radio"/> Vendor <input type="radio"/> Selling Agent
Do you have any financial involvement in the sale of this horse, other than fee for veterinary service?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

**A. REPORT OF RELEVANT HISTORY (REPORTED AFTER DUE ENQUIRY OR OTHERWISE KNOWN)**

History of epistaxis attributable to EIPH?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vices (stable or ridden) – i.e. bites, kicks, weaves, box walks, windsucks / crib bites?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is the horse a headshaker?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
History of previous surgery, recent illness or injury?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
History of farriery issues or a need to wear non-standard shoes / plates in training or racing?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
History of cardiac dysrhythmia / abnormality?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Outstanding racing restriction / embargo?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
History of recurrent exercise induced rhabdomyolysis?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
History of lameness?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Lameness diagnosis (if known)		
Level of training at time of examination	<input type="radio"/> Early race-training	<input type="radio"/> Returning from rest or lay-off
	<input checked="" type="radio"/> Full race-training	
Length of time in training	Came into work 1st December 2024	

**RECENT MEDICATION ADMINISTRATION HISTORY**

Date of last Non-Steroidal Anti-inflammatory Drug (NSAID) administration:	NA
Reason for NSAID treatment, where applicable	
Date of last intra-articular treatment	NA
Joints treated, where applicable	
History of anabolic steroid administration within the last six months?	<input type="radio"/> Yes <input checked="" type="radio"/> No
History of bisphosphonate administration?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**REPORT OF RELEVANT HISTORY**

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**RACING HISTORY**

Has the horse raced / trialed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Performance records	

## B. FIVE-STAGE VETERINARY EXAMINATION

	WNL = Within Normal Limits	AB = Abnormal
Skin and hair coat	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Body condition	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Body temperature	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Evidence of stable vices	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Eyes (eyelids, cornea, pupil, menace, PLR or discharge)	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

### NERVOUS SYSTEM

Demeanour and temperament	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Posture and ability to back and turn	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

### GASTROINTESTINAL SYSTEM

Dentition and mouth	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Abdominal sounds	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

### CARDIOVASCULAR SYSTEM

Heart rate <u>34</u> beats / minute		
Heart rhythm	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Cardiac auscultation	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Jugular veins and mucus membranes	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

### RESPIRATORY SYSTEM

Nose (discharge / airflow / stridor / symmetry)	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Sinus (symmetry / percussion)	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Chest (auscultation / respiratory rate)	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

### UROGENITAL SYSTEM

External genitalia (conformation and appearance)	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
If male entire - presence of two testicles	<input checked="" type="radio"/> Not Applicable	<input type="radio"/> Yes <input type="radio"/> No

### MUSCULOSKELETAL SYSTEM

Conformation	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Hooves	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Symmetry of hindquarters	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
Back flexibility and muscling	<input checked="" type="radio"/> WNL	<input type="radio"/> AB

	LEFT FORE	RIGHT FORE	LEFT HIND	RIGHT HIND
Shod	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hoof tester response	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB
Limb palpation	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB
Flexion test response	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB	<input checked="" type="radio"/> WNL <input type="radio"/> AB
Comments				
Assessment of action at the trot: <input checked="" type="radio"/> WNL <input type="radio"/> AB				
Comments				

#### OBSERVATION AT EXERCISE

Abnormal respiratory noise?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Quality of movement	<input checked="" type="radio"/> WNL <input type="radio"/> AB
Ridden vices observed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Recovery rate and re-examination	<input checked="" type="radio"/> WNL <input type="radio"/> AB
Description of abnormal respiratory noise, if applicable -			

#### C. ENDOSCOPIC EXAMINATION *Must be performed both at rest before and within 30 minutes following strenuous exercise*

Performed: - Before exercise?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Performed after exercise?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Sedative used?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Nasal twitch used?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Evidence of blood in the airways?	<input type="radio"/> Yes <input checked="" type="radio"/> No	EIPH	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Lane laryngeal grading*	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Havemeyer laryngeal grading*	1
Video endoscopic examination of 30-45 seconds duration taken within one hour post-exercise including confirmation of the horses identity, date and time of examination uploaded			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Comments			

\* Any horse reported to show Lane grade III or Havemeyer grade 3.1 Laryngeal Function; noted to make an abnormal noise or high-pitched inspiratory noise; or that has undergone any type of throat surgery **must** be subject to a dynamic video endoscopic examination, the video of which must be forwarded to the nominated veterinary surgeon and subsequently to the Club for review.

Please note that any horse found to have Lane IV or V Laryngeal Function or Rakestraw grade B or C after dynamic assessment may be considered unsuitable for importation into Hong Kong.

#### D. RADIOGRAPHIC EXAMINATION

Copies of the digital images (in DICOM format) must be submitted using the Asteris Keystone Community Portal to a Club nominated veterinary surgeon. The examining veterinarian must review all of the diagnostic images obtained during the examination, accurately document any notable findings and offer an opinion as to the functional effect of these findings on a horse's current and future veterinary suitability to train and race in Hong Kong.

Have the minimum number of radiographic views (54) been acquired?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Are all radiographs properly labelled and of diagnostic quality?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Radiographic examination comments  <b>No significant abnormalities present</b>		

#### E. ULTRASOUND EXAMINATION

Both fore tendons and suspensory ligaments including their branches must be evaluated and sequential still transverse and longitudinal images using the classifications 1A, 1B, 2A, 2B, 3A and 3B and L1, L2 and L3 recorded. The sesamoid / suspensory interface must be examined and a still longitudinal imaged, labelled L4 recorded. Any evidence of thickening or pathology to the structures at the plantar aspect of the metatarsal region, the structures at the palmar / plantar aspect of the pastern or within the digital tendon sheath should be examined ultrasonographically and significant images recorded for review.

Cross-sectional areas (in square centimetres) of the superficial digital flexor tendon at levels 1A, 2A and 3A and the suspensory branches at 3B must be recorded below and still images showing evidence of these measurements and traces of the outlines must be supplied to the nominated veterinarian for review using the Asteris Keystone Community Portal. Reports will be considered incomplete and thus rejected if this information is omitted or not supplied to the HKJC nominated veterinarian for review.

Clinical examination of the tendons and suspensory ligament	<input checked="" type="radio"/> WNL	<input type="radio"/> AB
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#### CROSS SECTIONAL MEASUREMENTS

STRUCTURE	SUPERFICIAL DIGITAL FLEXOR TENDON			SUSP. LATERAL	SUSP. MEDIAL
REGION	1a	2a	3a	3b	3b
LEFT FORE	0.93cm	0.88cm	0.91cm	0.88cm	0.83cm
RIGHT FORE	0.81cm	0.86cm	0.79cm	0.89cm	0.81cm

Ultrasonographic examination comments: -

No abnormalities found

#### F. BLOOD SAMPLE COLLECTION AND SUBMISSION FOR PROHIBITED SUBSTANCE TESTING

A blood sample must be taken on the day of, and as soon as possible after, the five-stage veterinary clinical examination to be screened for the prohibited substances detailed in the HKJC veterinary protocol by a racing laboratory listed by the Club. A copy of the laboratory test report must be supplied to the nominated veterinary surgeon and the Club.

Collected on the same day and as soon as possible after the exercise phase of the five-stage vetting?	<input type="radio"/> Yes
Date of blood sample collection	N/A
Date of blood sample dispatch to a HKJC listed racing laboratory	
Blood sample result	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Pending

#### G. REPORTED OR NOTED FINDINGS UNLIKELY TO REPRESENT A MEASURABLE RISK (ADDITIONAL NOTES IF REQUIRED)

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#### H. IN MY OPINION, ON THE BALANCE OF PROBABILITIES, THIS HORSE IS

<input checked="" type="radio"/> <b>ACCEPTABLE FOR REVIEW BY THE NOMINATED VETERINARIAN</b> With any significant finding(s) that could significantly affect the future suitability for training and racing in Hong Kong detected during the veterinary examination and assessment of this horse listed below.	<input type="radio"/> <b>UNACCEPTABLE FOR REVIEW BY THE NOMINATED VETERINARIAN</b> The horse does <b>NOT</b> meet the requirements of the Hong Kong Jockey Club criteria for permanent importation as a result of the finding(s) listed below.
Findings and assessment of their significance for future training and racing in Hong Kong: <b>No significant findings</b>	

#### LIMITATIONS OF THE EXAMINATION

I omitted stage(s) <b>F</b> of the standard procedure because	<b>Not necessary yet</b>
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#### EXAMINING VETERINARY SURGEON'S CERTIFICATION

Signature 	Name <b>Ian Church</b>
	Date <b>9/7/25</b>
Practice Name	<b>Bay Equine</b>
Address	<b>6/21 Yazaki Way Carrum Downs Vic</b>
Email <b>lchurch@bayequine.au</b>	Telephone <b>+61 418345192</b>

1. The aim of this examination is to identify and assess factors of a veterinary nature that could prejudice a horse's suitability for training or racing in Hong Kong at the time of the examination. No judgment, assurance or guarantee is made about a horse's future suitability or ability as a racehorse.
2. The examining veterinarian takes no responsibility for, nor warrants the accuracy of any information provided by the owner or carer of the horse, including that relating to the non-administration of medication, freedom from vices, pre-existing or previous disease or abnormality, past performance or suitability for intended use.
3. If any part of the five-stage veterinary examination is omitted, the opinion given will be based purely upon those parts of the examination that were completed. Incomplete examinations may not identify clinical signs of disease, injury or abnormality that may only be revealed as part of the procedure that was omitted.
4. This certification serves to identify the horse that was examined, but it is not the responsibility of the examining veterinary surgeon to ascertain that the declared seller has legal title to the horse. It is the responsibility of the purchaser to satisfy themselves as to the ownership of the horse.
5. This examination does not include examination of the inside of the prepuce (sheath), a detailed mouth / oral examination with a speculum, a height measurement or any examination for pregnancy.
6. The prospective owner / owner or agent must acknowledge that the diagnostic images obtained during the course of this examination are the property of the veterinary practice listed herein, but it is further acknowledged by the practice that copies of these images will be supplied to the nominated veterinary surgeon and the Hong Kong Jockey Club at the initiating parties expense.
7. The examining veterinarian and / or the Hong Kong Jockey Club are not liable for any incident or injury that occurs at the time of, or as a result of, any veterinary examination performed at the request of a prospective owner / owner, agent, nominated veterinarian or the HKJC.

**SAVE**