GOFFS
UNITED KINGDOM

Certificate of Veterinary Examination of a Horse on Behalf of Prospective Purchasers at

Goffs UK Limited Spring Store Sale	21/05/19	Lot Number:	246

CONDITIONS: The examination for this certificate was carried out exclusively for the information of the purchaser of the horse described below under the conditions of the auction company pertaining on the date of sale. No liability whatsoever shall arise under this certificate, except for the purpose of that sale. This certificate is not valid for private sales outside the Conditions of Sale. The notes A to F appear on the reverse of this certificate.

I HAVE EXAMINED THE HORSE DESCRIBED BELOW, PRESENTED BY:

Name:	Busherstown
Address:	

DESCRIPTION OF THE HORSE (See Note A)

Horse's Name: Sholokhov (IRE) x Maryota (FR)	Breed: THOROUGHBRED	Approximate Age Range by Dentition OR by Documentation* (* delete as appropriate)
Passport Number:	Sex: G	
Microchip Number: 985101045285385	Colour: B	(See Note B) 2016

THE EXAMINATION: was carried out substantially in accordance with the British Equine Veterinary Association/Royal College of Veterinary Surgeons Guidance Notes on the Examination of a Horse on Behalf of a Prospective Purchaser (Revised 2012) and the Conditions of the above Sale.

LIMITATIONS OF THE EXAMINATION: (See Note C)

I omitted stage(s) ~~of the standard procedure because~~

DECLARATION OF PRIOR KNOWLEDGE OF THIS HORSE'S CLINICAL HISTORY (See Note D)

To the best of my knowledge and belief the horse has not previously been attended by me or my veterinary practice.

REPORT OF RELEVANT CLINICAL FINDINGS AND HISTORY

OBSERVATIONS

2 Small Sarcoids lower abdomen by umbilicus

OPINION OF THE EXAMINING VETERINARY SURGEON (See Note E)

In my opinion, on the balance of probabilities, the conditions reported above ~~DO~~*/DO NOT* (*delete as appropriate*) prejudice this horse's suitability for purchase to be used for **RACING.**

Panel Veterinary Surgeon's Signature: [signature] (1)*	Panel Veterinary Surgeon's Signature: [signature] (2)*
Name & Address D E Mathieson BVM&S MRCVS Donnington Grove Veterinary Group Oxford Road Newbury Berks RG14 2JB	Name & Address [signature] NEWMARKET EQUINE HOSPITAL
In the event of Endoscopic examination Signature: (3)*	
Name & Address	Date: 19/5/19. (*delete at appropriate)

VETERINARY CERTIFICATE TO BE UTILISED ONLY AT GOFFS UK IN ACCORDANCE WITH CONDITIONS OF SALE