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THIS IS TO CERTIFY THAT:  On: (Date a Time)  On: (Date a Time)  Call 7 / 2 2 2  Seller's Name & Address:  Seller's Name & Address:  IHAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE  ENTERED FOR SALE BY AUCTION ON (Date of Suite)  One of Suite Seller's Name & Address:  IHAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE  ENTERED FOR SALE BY AUCTION ON (Date of Suite)  One of Suite Seller's Name & Address:  IHAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE  ENTERED FOR SALE BY AUCTION ON (Date of Suite)  One of Suite Seller's Name & Address:  IHAVE EXAMINED THE HORSE DESCRIBED BELOW WHICH IS TO BE  ENTERED FOR SALE BY AUCTION ON (Date of Suite)  One of Suite Seller's Name & Address:  IT is certificate is to be used solely in connection with the sale show opposite.  Signature  Date 31 . 0.7 . 222  Date 32 . 0.7 . 222  Date 33 . 0.7 . 222  Date 33 . 0.7 . 222  Date 34 . 0.7 . 222  Date 34 . 0.7 . 222  Date 35 . 0.7 . 222  Date 35 . 0.7 . 222  Selection tests were performed on the following limited LEFT FROW [Right Froet] (Right Froet) (Righ	The notes 1 to 4 apreciate AT AUCTION	I declare that the horse described opposite is offered for sale as being
AT THE REQUEST OF AND ON BEHALF OF THE SELLER    Interest   Color   Co	THIS IS TO CERTIFY THAT:	
AT THE REQUEST OF AND ON BEHALF OF THE SELLER    Seller's Name & Address:   Seller's Name & Seller's Name		SUITABLE FOR SPORI
Selier's Name & Address:    Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Address:   Selier's Name & Seli	AT THE PROVE 26/ 7/2022	I declare that this horse has not received any surgery, medication o
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AT (Place of Sale) B PPT SRINGH PRODUCTION OF THE HORSE  Passport Number  Bread of Type Angle Countries of the Horse's Name  Passport Number  Sax Colat (See Note 2)  STAGES OF THE EXAMINATION (See Note 3)  I omitted stage(s) 3, 4, Soft the standard procedure because  During the third stage of my examination the horse was (State the type of exercise)  A blood sample WSS / WAS NOT taken from the horse during the examination (for medication attalysis if required).  EPORT OF RELEVANT CLINICAL FINDINGS  PINION OF THE EXAMINING VETERINARY SURGEON (See Note 4)  In my opinion, on the balance of probabilities, the clinical findings reported above 100 NOT prejudice this horse's suitability to be used for Stray work of the countries of signature  Date of Signature  Date of Signature  Date of Signature  Report Confirmed 26 / 7 / 20 22  Reference Same Calance Clinical Stray work of the Confirmed	I HAVE FYAMINED	This certificate is to be used solely in connection with the sale showr opposite.
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DESCRIPTION OF THE HORSE  Horse's Name  Smooth Celm was  Breed or Type Angue County  Sex Colx  (Todas appropriation* (See Note 2)  STAGES OF THE EXAMINATION (See Note 3)  Lomited stage (s) 3, 4, 5 of the standard procedure because  During the third stage of my examination the horse was (State the type of exercise)  Plexion tests were performed on the following limbs: [EFT FORE] / [Right FORE] / [LEFT HIND] / [Right FIND] (delete those tests not performed)  A blood sample [MSS-] / [WAS NOT] taken from the horse during the examination (for medication analysis if required).  EPORT OF RELEVANT CLINICAL FINDINGS  NONCE  Plinion OF THE EXAMINING VETERINARY SURGEON (See Note 4)  In my opinion, on the balance of probabilities, the clinical findings reported above [WAS NOT] pripudice this horse's suitability to be used for Straub was not not support to the surge of Signature  Date of Signature  Date of Signature  Date of Signature  Celm was Color  Colour Trutted  PROCOMATE AGE RINGE  APPROXIMATE AGE RINGE  Trutting on Type Angue Calons  Sex Color  (Gee Note 2)  (See Note 2)  (A The Color of Trutted Anguery Color of Trutted An	DI (P)200 of 0-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date 31 07 122
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