

DECLARATION

HEREDITARY DISORDERS

Please fill out in BLOCK LETTERS

| Name of horse | | | | | |
|--|--|-----------------|----------------|---------------|---------------------------|
| Sire | | | Dam | | |
| Date of birth | | | Chip no. | | |
| UELN / Life no. / Reg. no.) | | | | | |
| Sex | | female | | □ ma | le |
| breeder (incl. country) | | | | | |
| owner (full name + address + contact details) | | | | | |
| veterinarian (full name + address + registration/license number + contact details) | | | | | |
| Herewith, I confirm that to Conduct of Shows (RCS) | | | _ | | O Blue Book, Rules for |
| The horse complies with the Blue Book, Rules for Conduct of Shows, art. 32 a) Overbite/underbite | | | | | |
| ☐ MALES ONLY: b) Cryptorchidisr | | e complies with | h the Blue Boo | k, Rules for | Conduct of Shows, art. 32 |
| Date of issue | | | Stamp a | and signature | of the veterinarian |
| Turn to the other side for instructions. | | | | | |

Legal seat: E.C.A.H.O. European Conference of Arab Horse Organisations, Schuppisstrasse 8, 9016 St. Gallen, Switzerland