

HEALTH CERTIFICATE

CERTIFICATE OF EXAMINATION

Name: .....Selene Luna ..... Bom: 15.. / ..04... / .2025.....

Passaport nr. ...../.....

Coat color: ...Grey..... Sex: ...female .....Microchip n.: .....380271004090203.....

Father: .....Untachable 27.....

Mother: .....Nisapardi VdL..... Microchip of the mother n: 528210004721472.....

Localisation of the horse: .....Fia Fabretti 24 Cotignola (Ra).....

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- General state of the horse: .....GOOD .....
- Cardiovascular examination: ...NO ABNORMAL FINDINGS .....
- Vision tests and eyes examination: .....NO ABNORMAL FINDINGS .....
- Respiratory examination: .....NO ABNORMAL FINDINGS .....
- Vision tests and eyes examination: .....NO ABNORMAL FINDINGS .....
- Possible limbs default: .....NO ABNORMAL FINDINGS .....
- Potential abnormality in the musculoskeletal system (in particular the presence of joint distension): .....NO ABNORMALITY .....
- Abdominal hernia detected: NO
- Signs of infectious disease detected: NO

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I, the undersigned Dr. .....VALENTINA BALANDI ....., certify having examined the foal above ad am the usual veterinarian of his breeder.

In ..... RAVENNA ..... , ...02 ... ./ ... 09 .... /2025

Stamp and signature

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