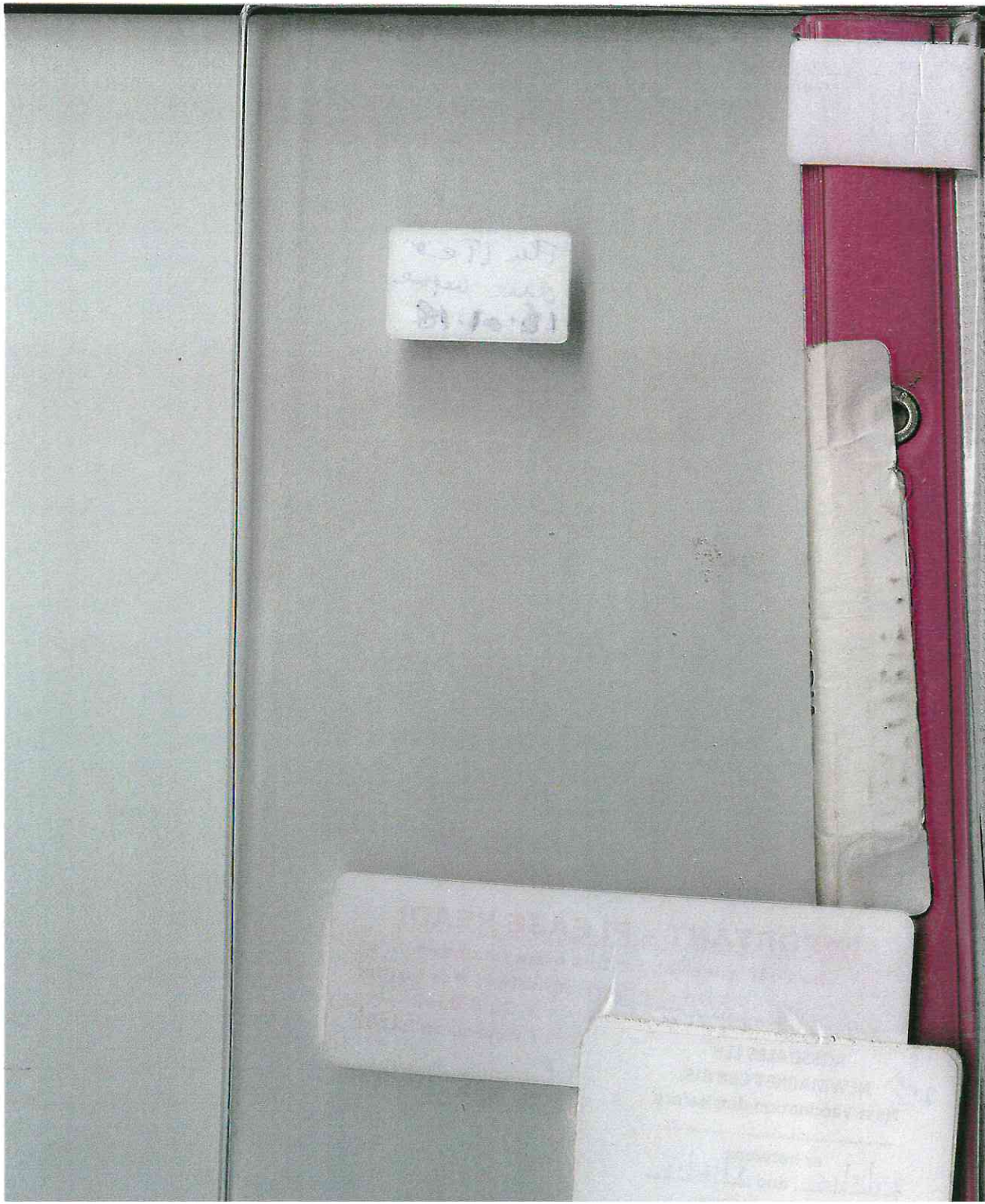


ASSPORT (DOCUMENT OF DESCRIPTION)

LIVRET SIGNALÉTIQUE

BRITISH HORSERACING AUTHORITY
WEATHERBYS
24/05/2018

NAME *(Nom)* EVA PERONE (GB)

DATE OF BIRTH *(Date de Naissance)* 18th Mar 2015 21/6/18 JS BROODMARE

COLOUR & SEX *(Robe et Sexe)* Bay Filly

SIRE *(Père)* FASTNET ROCK (AUS)

DAM *(Mere)* AMBRIA (GER)

DAMSIRE *(Père de Mere)* MONSUN (GER)

SIRE OF SIRE *(Père de Père)* DANEHILL (USA)

UNIQUE LIFE NUMBER
(Numéro unique d'identification valable à vie)
8260GB45224091T

MICROCHIP NUMBER
(Code du transpondeur (si disponible)
985101045224091

Sramek, Tanja
176675
Eva Perona

COUNTRY OF BIRTH
(Pays de Naissance) Great Britain

BREEDER
(Éléveur) E. I. Mack
c/o The Stanley House Stud, S
Suffolk, Great Britain, CB8 7D

STUD BOOK REFERENCE
(Reference au Stud Book)
Thoroughbred: GSB Vol 48

PASSPORT NUMBER AND UELN
(No. de Passeport)
8260GB45224091T

MICROCHIP NUMBER
985101045224091

WEATHERBYS

Diane Harry

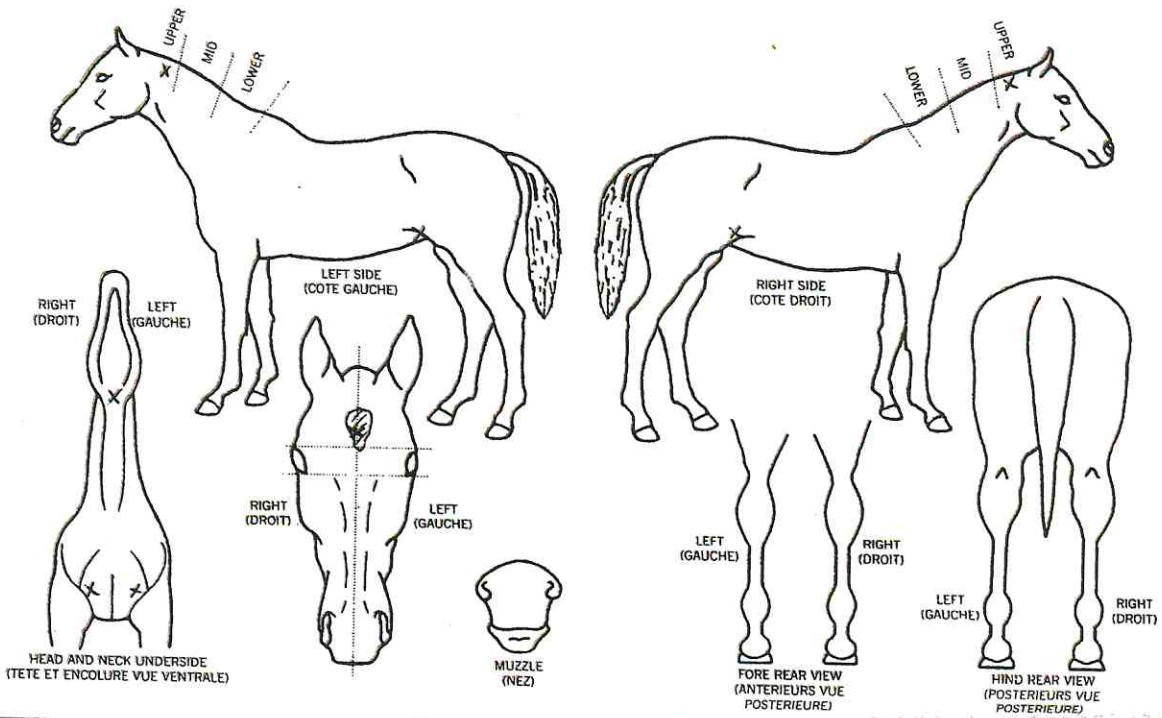
Stud Book Registrar

DATE OF ISSUE
(Date d'emission) 02nd Jun 2015

PARENTAGE TESTED (DNA)

This document is issued as an aid to the identification of the horse to which it refers and the information shown has been extracted from either the General Stud Book records, NonThoroughbred Register records or the records of a recognised Foreign Stud Book Authority. It is not a certificate of ownership.
Whilst the issuers of the document believe the information contained in it to be correct they cannot guarantee its accuracy, in particular where it is dependent on information supplied to them, and cannot accept liability for any loss resulting from errors that may arise.
If found this document should be returned at once to Weatherbys - see contact details.

SECTION I



*THESE ITEMS ARE BASED ON INFORMATION SUPPLIED BY THE OWNER OR THEIR AGENT PLEASE WRITE CLEARLY.

COLOUR (ROBE)	SEX (SEXE)	*DATE OF BIRTH (D.d.N.)	*SIRE (PERE)	*DAM (MERE)
Bay	Filly	18/03/2015	FASTNET ROCK (AUS)	AMBRIA (GER)

UMBS (Members)

HEAD (TETE)	Midline whorl above upper eye level within small mixed star
NECK (ENCOLURE)	Whorl at upper one third crest left and right. Midline whorl at throat latch.
L.F. (A.G.)	None.
R.F. (A.D.)	None.
L.H. (P.G.)	White spot in front of coronet, white heels
R.H. (P.D.)	White outside coronet, outside heel white
BODY (CORPS)	Flank fold and pectoral whorls left and right.
ACQUIRED (MARQUES ACQUISES)	None.

985101045224091

NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)

G NEARY MRCVS
Rossdales LLP
Beaufort Cottage Stables
High Street, Newmarket
CB8 8JS

I certify that I have read and understood the instructions overleaf. I have been given the pedigree details by the owner/agent who has assured me that they have confirmed the identity of the dam against her passport. I have also,

*a) bloodsampled the foal.
*b) inserted a Weatherbys microchip into the foal.
~~*c) scanned and read a Weatherbys microchip previously inserted.~~

Date of examination
07 / 04 / 15

Signature of Veterinary Surgeon
(not to be the breeder, owner or trainer of the horse)

Graine Neary

*Please delete as appropriate

DO NOT WRITE BELOW THIS LINE

SECTION IV

Control of identification of the horse described in the passport

(Contrôles d'identité du cheval décrit dans ce passeport)

The identification of the equine animal must be checked each time this is required by rules and regulations and certified that it conforms to the description given in Section I (front pages) of the passport.

(L'identité de l'équidé doit être contrôlée chaque fois que les lois et réglements l'exigent: signer cette page signifie que le signalement du cheval/de l'équidé présenté est conforme à celui de la section I du passeport.)

Date *(Date)*	**Town and Country** *(Ville et pays)*	**Resons for check (event, health certificate, etc)** *(Motif du contrôle (concours, certificat sanitaire, etc.))*	**Signature, name (in capitals) and capacity of official verifying the identification** *(Signature, nom en capitales et qualité de la personne ayant vérifié l'identité)*
23.7.15	NEWMARKET U.K.		Manager

SECTION IV

Control of identification of the horse described in the passport

(Contrôles d'identité du cheval décrit dans ce passeport)

The identification of the equine animal must be checked each time this is required by rules and regulations and certified that it conforms to the description given in Section I (front pages) of the passport.

(L'identité de l'équidé doit être contrôlée chaque fois que les lois et réglements l'exigent: signer cette page signifie que le signalement du cheval/de l'équidé présenté est conforme à celui de la section I du passeport.)

Date *(Date)*	**Town and Country** *(Ville et pays)*	**Resons for check (event, health certificate, etc)** *(Motif du contrôle (concours, certificat sanitaire, etc.))*	**Signature, name (in capitals) and capacity of official verifying the identification** *(Signature, nom en capitales et qualité de la personne ayant vérifié l'identité)*

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
16-1-18	Hartley Lucas	UK	Proteq Flu Te	L452249	Flu + Tet.	T. Leaman BVSc CertEP MRCVS Chine House Vet Hospital Sileby Hol. Cossington Road Tel. 01509 812445 (EO & FARM)
16-1-18	Hartley Lucas	UK	Proteq Flu	Lithgow	Flu	TOM LEAMAN MRCVS CHINE HOUSE VET HOSPITAL SILEBY, LEICS. LE12 7RS TEL 01509 812445 (EO & FARM)
27/3/18	Newmarket	UK	PROTEQFLU TE	L444804	INFLUENZA & TETANUS	A FOGARTY MRCVS NEWMARKET EQUINE HOSPITAL
28.18	Bigen	③	Proteq Flu	L455908 19/02-2021 Lot EXP	Flu	Dr. Jennifer Eubel prakt. Tierärztin Bünte-Mühlen-Weg 4 52289 Rodinghausen Tel.: 05746 - 93 75 75

(Si la séquence des vaccins primaires doivent être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marquées 1, 2 et 3 comme ci-dessus.)

If the primary vaccination sequence needs to be restarted, please mark the entries in the annual vaccinations section below, using 1, 2 and 3 as overleaf

Altered vaccination details and dates are not acceptable. (Les dates et vaccinations ne peuvent pas être modifiés)

SECTION V

Equine influenza only or equine influenza using combined vaccines

(Grippe équine seulement ou Grippe équine dans le cadre de vaccins combinés)

Vaccination record: Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian. Altered vaccination details and dates are not acceptable.

(Enregistrement des vaccinations: Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous de façon lisible et précise avec le nom et la signature vétérinaire. Les dates et vaccinations ne peuvent pas être modifiés)

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
1. Initial Vaccination *(Premiere vaccination)* 1. 4 SEPT 2015	NEWMARKET	UK	Proteq Flu-Te	L415332	Flu & Tet	Grainne Neary, MRCVS ROSSDALES LLP Beaufort Cottage Stables Newmarket CB8 8JS
2. Between 21 - 92 days later *(Entre 21 - 92 jours)* 2. 16 OCT 2015	NEWMARKET	UK	Proteq Flu-Te	L419496	"	Grainne Neary, MRCVS ROSSDALES LLP Beaufort Cottage Stables Newmarket CB8 8JS
3. Betwen 150 - 215 days later *(Entre 150 - 215 jours)* 3. 18 MAR 2016	NEWMARKET	UK	Proteq Flu Lot L416292 01/10-2017 Exp		Flu	Grainne Neary, MRCVS ROSSDALES LLP Beaufort Cottage Stables Newmarket CB8 8JS

If the primary vaccination sequence needs to be restarted, please mark the entries in the annual vaccinations section overleaf, using 1, 2, and 3 as above

(Si la sequence des vaccins, primaires doivent être recommencée, les vaccinations doivent être inscrites en section vaccins annuels, marquées 1, 2 et 3 comme ci-dessus)

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
23.06.2020	Bad Essen	D	ProteQ Flu-Te	L462802 11/12-2019	Flu/Te	Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
23.06.2020	–	–	ProteQ Flu	L472596 27/05-2022	Flu	
23.06.2020	–	–	ProteQ Flu	L467276 30/12-2022	Flu	
23.06.2020	–	–	ProteQ Flu-Te 1 Dosis/dosis	L487443 03/06-2022	Flu/Te	
23.06.2020	–	–	ProteQ Flu	L490411 04/03-2024	Flu	

Dr. Jennifer Eubel
prakt. Tierärztin
Bunte-Mühlen-Weg 4
32289 Rödinghausen
Tel.: 05746 - 93 75 75

Altered vaccination details and dates are not acceptable.
(Les dates et vaccinations ne peuvent pas être modifiés)

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
21.06.2022	Auenquelle	D	ProteQ Flu	L494200 26/07-2024	Flu	Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
22.12.2022	–	–	zoetis Equip® F	614621 31/05/2025	Flu	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel.: 05746-937575
21.06.2023	–	–	ProteQ Flu-Te 1 Dosis/dosis	E75984 28/03-2024	Flu-Te	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel.: 05746-937575
22.12.2023	–	–	ProteQ Flu	E83875 23/11-2025	Flu	Dr. Jennifer Eubel prakt. Tierärztin Donoerstr. 49 32289 Rödinghausen Tel.: 05746-937575
21.06.2024	–	–	ProteQ Flu	F26339 17/01-2026	Flu	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel.: 05746-937575
20.12.2024	–	–	ProteQ Flu	F32396 04/04-2026	Flu	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel.: 05746-937575
17.06.25	Ebbesloh	D	ProteQ Flu	G45078 18/06-2027	Flu	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel.: 0170-3152580
11.12.25	–	–	ProteQ Flu-Te	G70611 09/04-2026	Flu/Te	

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)

SECTION VI

Diseases other than equine influenza *(Maladies autres que la grippe équine)*

Vaccination Record: Details of every vaccination which the equine animal undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian.

(Enregistrement des vaccinations: Toute vaccination subie par l'équidé doit être portée dans le cadre ci-dessous de façon lisible et précise avec le nom et la signature du vétérinaire.)

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
7/3/18	Newmarket	UK	EQUIP® EHV 1,4 zoetis Lot: 242075 Exp: 31/MAY/19		Equine Herpes Virus	A FOGARTY MRCVS NEWMARKET EQUINE HOSPITAL
28/3/18	NEWMARKET	UK	EQUIP EHV 1, 4	242075	EQUINE HERPES VIRUS	A FOGARTY MRCVS NEWMARKET EQUINE HOSPITAL
06 NOV 2018	NEWMARKET	UK	EQUIP® EHV 1,4 zoetis Lot: 298892 Exp: 10/01/2020		herpes	K. A. GROOME, MRCVS ROSSDALES LLP NEWMARKET CB8 8JS

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Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
30.12.18	Bissen	D	Equip® EHV 1,4 zoetis	Ch.-B.: 238605 Verw. bis: 18/MAI/20	EHV	Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
18.02.2019	~	~	Equip Rotavirus Vaccine Ch.: 308771A			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
28.02.2019	~	~	Equip® EHV 1,4 zoetis Ch.-B.: 238605 Verw. bis: 18/MAI/20			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
18.03.2019	~	~	Equip Rotavirus Vaccine Ch.: 308771A			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
23.04.2019	Biesen	D	Equip Rotavirus Vaccine Ch.: 308771A			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
23.08.2019	~	~	Equip® EHV 1,4 zoetis Ch.-B.: 263853 Verw. bis: 18/09/2020			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
04.03.2020	~	~	Equip® EHV 1,4 zoetis Ch.-B.: 357406 Verw. bis: 09/01/2022			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
31.08.2020	~	~	Equip® EHV 1,4 zoetis Ch.-B.: 403827 Verw. bis: 27/08/2022			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
30.10.2020	~	~	Equip® EHV 1,4 zoetis Ch.-B.: 403827 Verw. bis: 27/08/2022			Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75

Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
15.01.2022	Auenquelle	D	Equip® Rotavirus zoetis	Lot/Ch.-B.: 469494 EXP/Verw. bis: 15/03/2022		Dr. Jennifer Eubel prakt. Tierärztin Bunte-Mühlen-Weg 4 32289 Rödinghausen Tel.: 05746 - 93 75 75
15.02.2022	–	–	Equip® Rotavirus zoetis	Lot/Ch.-B.: 480329 EXP/Verw. bis: 21/04/2022		
22.06.2022	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 515450 Verw. bis: 02/2024		
22.12.2022	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 515450 Verw. bis: 02/2024		
31.07.2023	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 555148 Verw. bis: 08/2024		
22.01.2024	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 681732 Verw. bis: 11/2025		
15.07.2024	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 681732 Verw. bis: 11/2025	EHV 5. Monat	
16.09.2024	–	–	Equip® EHV 1,4 zoetis	Ch.-B.: 687554 Verw. bis: 03/2026	EHV 7. Monat	
30.10.2024	–	–	Equip® Rotavirus zoetis	Lot/Ch.-B.: 706515 EXP/Verw. bis: 11/03/2025	Rota 8. Monat	

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Date (Date)	Place (Lieu)	Country (Pays)	Vaccine (Vaccin) Name (Nom)	Batch Number (Numéro du lot)	Disease(s) (Maladie(s))	Practice Stamp, name (in capitals) and signature of veterinarian (Nom en capitales et signature de vétérinaire)
15.11.2024	Ahrensfelde	D	Equip® EHV 1,4 zoetis Ch.-B.: 724264 Verw. bis: 09/2026		EHV 3.Monat	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel: 05746-937575
30.11.2024	"	"	EquipRota 7121 48		Rota 3.Monat	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel: 05746-937575
30.12.2024	"	"	Equip® Rotavirus zoetis Lot/Ch.-B.: 721317 EXP/Verw. bis: 12/06/2025		Rota 10.Monat	Dr. Jennifer Eubel Donoerstr. 49 32289 Rödinghausen Tel: 05746-937575
15.05.25	Elbeaue	D	Equip® EHV 1,4 zoetis Ch.-B.: 730262 Verw. bis: 10/2026		EHV	Dr. Jennifer Eubel [illegible] 32289 [illegible] Tel. 0170-3152580
11.12.25	"	"	Equip® EHV 1,4 zoetis Ch.-B.: 743266 Verw. bis: 02/2027		EHV	

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MEDICINAL TREATMENT

SECTION IX

Administration of Veterinary Medicinal Products

Unique life number (1)

Part I

Date and place of issue of this Section (1).....

Issuing body for this Section of the identification document (1): .....

Part II

Note: The equine animal is not intended for slaughter for human consumption

The equine animal may therefore undergo the administration of veterinary medicinal products authorised in accordance with Article 6(3) or those administered with Article 10(2) of Directive 2001/82/EC.

I, the undersigned Owner (2)/Representative of the Owner (2)/Keeper (2) declared that the equine animal described in this identification document is not intended for slaughter for human consumption.

Date and Place	Name in capitals and signature of the owner, representative of the owner or keeper of the animal	Name in capitals and signature of the veterinarian responsible acting in accordance with Article 10(2) of Directive 2001/82/EC
23.07.2015 NEWMARKET. U.K.	[signature] I STANLEY	A.T. MACGILLIVRAY MRCVS NEWMARKET EQUINE HOSPITAL

Without prejudice to Regulation (EC) No 2377/90 and Directive 96/22/EC, the equine animal may be subject to medical treatment in accordance with Article 10(3) of Directive 2001/82/EC under the condition that animals so treated can only be slaughtered for human consumption after the end of the general withdrawal period of six months following the date of last administration of the substances listed in accordance with Article 10(3) of that Directive.

MEDICATION RECORD

Date of last administration, as prescribed, in accordance with Article 10(3) of Directive 2001/82/EC or Date of suspension in accordance with Article 16(2) of Regulation (EC) 504/2008(7)(8) [dd/mm/yy]	– Place – Country Code – Postal Code	Essential substance(s) incorporated in the veterinary medicinal product administered in accordance with Article 10(5) of Directive 2001/82/EC as mentioned in first column (3)(4) or in accordance with Article 16(2) of Regulation (EC) No 504/2008(7)(8)	Veterinarian responsible applying and/or prescribing administration of veterinary medicinal report	
			Name: (5) ..... Address: (5) ..... Postal Code: (5) ..... Place: (5) ..... Telephone: (5)	Signature

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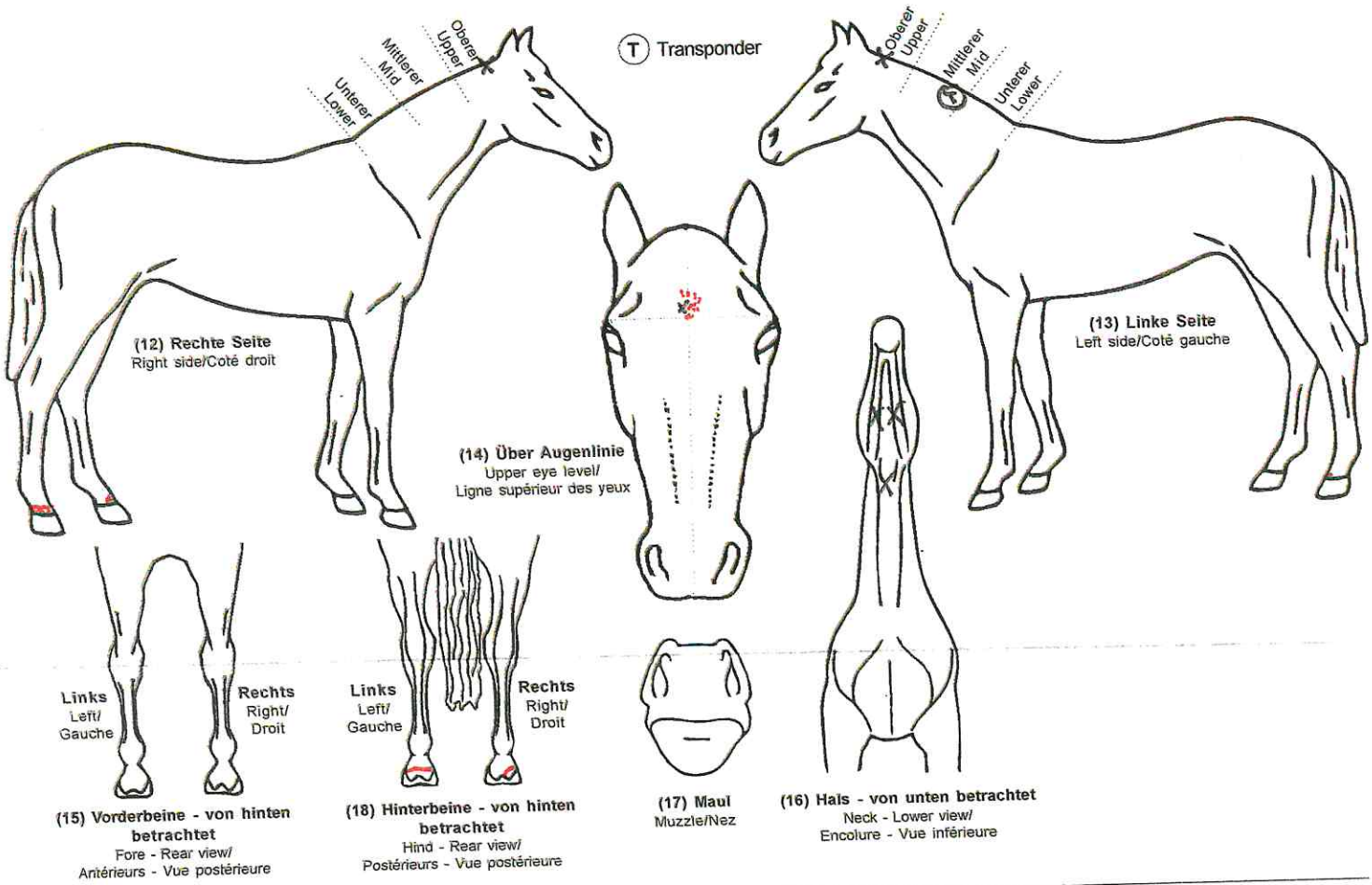
33 of 44

826CBA5224091



(Stand: 01.01.2017)

ABZEICHEN-DIAGRAMM / Outline diagram

Registrier-Nr. des Tierarztes gem. HIT-Datenbank 0 5 7 5 8 0 2 8 0 5 5 9

Bitte lesen Sie vor dem Ausfüllen des Abzeichendiagramms sorgfältig die rückseitigen Hinweise.
Das fertige Abzeichendiagramm bitte dem Besitzer/Bevollmächtigten aushändigen.

* Name: Eva Pesone

* GEMÄSS DEN ANGABEN DES BESITZERS ODER DES BEVOLLMÄCHTIGTEN.

Farbe (Colour)	Geschlecht (Sex)	* Geb.Jahr (Date of Birth)	* Vater (Sire)	* Mutter (Dam)
braun	Stute	18/03/15	Fastnet Rock	Ambria

Kopf (Head)	Stichelhaarige Flocke links um Stirnwirbel rechts über der Augenlinie Wirbel beidseitig am Unterkiefer
An den Beinen (Limbs) – Vorne links (Left Front)	Keine
An den Beinen (Limbs) – Vorne rechts (Right Front)	Keine
An den Beinen (Limbs) – Hinten links (Left Hind)	Weißes Fleck vorne am Kronrand, Ballen weiß
An den Beinen (Limbs) – Hinten rechts (Right Hind)	Krone außen weiß mit Kronflecken, Außenballen weiß
Körper und Sonstige Abzeichen (Body and Other Markings)	Wirbel beidseitig am oberen Nähmakamm Wirbel an oberer Luftröhre

Transpondernummer

985 101 045 224 091

Name und Adresse des Tierarztes
(in Blockbuchstaben oder Stempel)

Dr. Jennifer Eubel
prakt. Tierärztin
Bunte-Mühlen-Weg 4
32289 Rödinghausen
Tel.: 05746 - 93 75 75

Ich bestätige, die rückseitigen Hinweise gelesen und verstanden zu haben. Das Geburtsdatum und Angaben zur Abstammung wurden mir vom Besitzer/Bevollmächtigten mitgeteilt. Dieser hat mir gegenüber versichert, die Identität der Mutterstute anhand des Pferdepasses überprüft zu haben. Ich habe,

* a) dem Fohlen/dem Pferd eine Blutprobe entnommen,
* b) dem Fohlen/dem Pferd einen vom Direktorium ausgegebenen Transponder injiziert,
* c) die Funktionstüchtigkeit des Transponders vor der Injizierung überprüft.

Datum der Untersuchung 07/12/18

Unterschrift des Tierarztes
(darf nicht der Züchter, Besitzer oder Trainer des Pferdes sein)

Direktorium

N. J. Eubel 7.1.2019

* Nichtzutreffendes streichen