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| **MANDATORY SUPPLEMENTAL REGISTRATION DECLARATION** |
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| **I, the undersigned** - *(individual breeder, private breeder, farm or company - please specify information below)* |
| *Name / Company:* |  |
| *Adress:* |  |
| *Postal Code:* |  |
| *City:* |  |
| *Country:* |  |
| *Email:* |  |
| * **breeder of the following Arabian horse** – *(information should match the registration notification information)*
 |
| *Horse name:* |  |
| *Sire:* |  |
| *Dam:* |  |
| *Date of Birth:* |  |
| *Country of Birth:* |  |
| * **declares that, to her/his best knowledge, above mentioned horse conforms to the following answers with regard to production, conception or subjection to any of the prohibited methods below as mentioned in the related WAHO rules 20, 21 and 22** -
 |
| **WAHO Rule 20.1** | *Is a cloned horse* | **□ No □ Yes** |
| **WAHO Rule 20.2** | *Sire or Dam is a cloned horse* | **□ No □ Yes** |
| **WAHO Rule 21.1** | *Is produced by the post-mortem collection of oocytes* | **□ No □ Yes** |
| **WAHO Rule 21.2** | *Is produced by any method of In Vitro Fertilisation (IVF)* | **□ No □ Yes** |
| **WAHO Rule 22.1** | *Has been subject to any form of genetic modification at the embryo stage or later* | **□ No □ Yes** |
| **WAHO Rule 22.2** | *Is the progeny of any Arabian horse which was subject to any form of genetic modification at the embryo stage or later* | **□ No □ Yes** |
| **WAHO Rule 22.3** | *Has been conceived using genetically modified gametes (oocytes or spermatocytes)* | **□ No □ Yes** |
| **WAHO Rule 22.4** | *Is the progeny of any Arabian horse which was conceived using genetically modified gametes (oocytes or spermatocytes)* | **□ No □ Yes** |
| - **and I am aware that if, after registration of the above mentioned Arabian horse, any facts arise that puts this declaration in doubt, the registration may be reversed with the horse and any registered offspring being removed from all applicable WAHO studbook registers** - **and any associated resulting damages, legal fees and/or other related costs will be my responsibility to bear.** |
|  |
| **Signature:** | **Place:** | **Date:** | **Stamp**  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |