



Rental Horse Certificate of Health

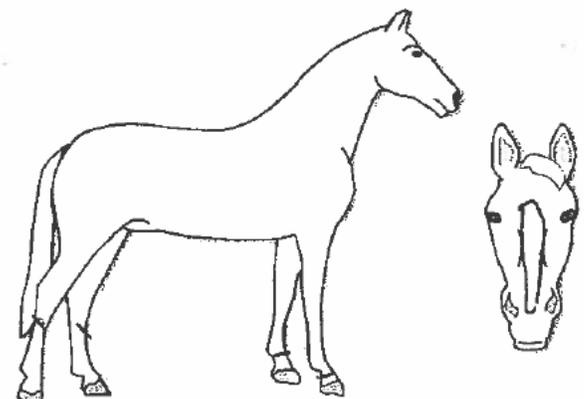
New York City Department of Health and Mental Hygiene

§3.19 of the N.Y.C. Health Code provides that no person shall make a false, untrue or misleading statement, or forge the signature of another on a certificate required to be prepared pursuant to this Code. A violation is punishable as a misdemeanor with a fine of not more than \$500.

Section A - OWNER INFORMATION (To be completed by horse owner)

NAME OF HORSE AYSHA	TAG NUMBER 4274	Check One <input checked="" type="checkbox"/> CARRIAGE <input type="checkbox"/> RIDING
OWNER'S NAME YACIN OZDEK	STABLE Clinton Park	

Section B - VETERINARIAN INFORMATION (To be completed by examining veterinarian)

PHYSICAL EXAMINATION	TEMPERATURE 100	PULSE 28	RESPIRATION 19	DESCRIPTION OF HORSE 
SYSTEM	SOUND	UNSOUND	REMARKS	
Integumentary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Respiratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Circulatory	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Digestive (including teeth)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Urogenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Nervous	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Ocular	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Muscular	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Locomotor (including hoofs and shodding)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

VACCINATIONS, TESTS AND TREATMENTS

Type	Date
Tetanus	3/5/19
Encephalitis (Type)	
Rabies	
Coggins	
Fecal Examination Results	
Parasitic Treatment:	
Endo Medication	paravel
Ecto Medication	Rhus
Other	Alu

<input checked="" type="checkbox"/> Mare	<input type="checkbox"/> Gelding
Breed Draft	Color soxrel
Age 9	Date of Birth 01/01/2010
Hoof Brand No. 42M	

CERTIFICATE OF HEALTH

I hereby certify that the horse described herein was examined by me on **10/16/2019** and was found to be:

- Physically able to perform the work or duties required of it.¹
- Not physically able to perform the work or duties required of it. (Please describe).
- Physically able to perform the work or duties required of it with restrictions. (Please describe).

¹ Carriage horse may work no more than 9 hours in any continuous 24-hour period. Riding horses may work no more than 8 hours in any continuous 24-hour period.

DESCRIPTION OF INJURIES, DISEASES AND WORK RESTRICTIONS

Include maximum hours a day that horse should work.
No restriction on horse can work a normal job

Signature

Section C - DOHMH USE ONLY

Approved by <i>Signature</i>	Date 10/16/19
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VETERINARIAN'S SIGNATURE <i>Signature</i>	Date 10/16/19
VETERINARIAN'S NAME (Please Print) Dennis Faulkner	N.Y.S. LICENSE NO. 537A

Notes:

B 5/20



Rental Horse Certificate of Health

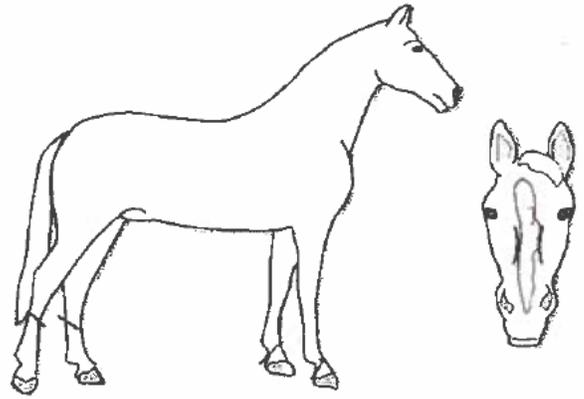
New York City Department of Health and Mental Hygiene

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Section A - OWNER INFORMATION (To be completed by horse owner)

NAME OF HORSE <u>Aysha</u>	TAG NUMBER <u>4274</u>	Check One <input checked="" type="checkbox"/> CARRIAGE <input type="checkbox"/> RIDING
OWNER'S NAME <u>Yalcin Ozcelik</u>	STABLE <u>Clinton Park</u>	

Section B - VETERINARIAN INFORMATION (To be completed by examining veterinarian)

PHYSICAL EXAMINATION	TEMPERATURE <u>100</u>	PULSE <u>34</u>	RESPIRATION <u>12</u>	DESCRIPTION OF HORSE 
SYSTEM	SOUND	UNSOUND	REMARKS	
Integumentary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Respiratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Circulatory	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Digestive (Including teeth)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Urogenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Nervous	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Ocular	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Muscular	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Locomotor (Including hoofs and shewing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

VACCINATIONS, TESTS AND TREATMENTS

Type	<u>TETANUS</u>	Date	<u>3/5/19</u>
Tetanus			
Encephalitis (Type)	<u>FEVIE</u>		
Rabies	<u>RABVAC3</u>		
Coggins	<u>W</u>		
Fecal Examination Results	<u>W</u>		
Parasitic Treatment:			
Endo	Medication <u>PONGUUR</u>		
Ecto	Medication <u>Phen/Am/W/White</u>		
Other			

<input checked="" type="checkbox"/> Mare <input type="checkbox"/> Gelding	
Breed <u>Draft</u>	Color <u>Sorrel</u>
Age <u>9</u>	Date of Birth <u>01/01/2010</u>
Hoof Brand No. <u>4274</u>	

CERTIFICATE OF HEALTH

I hereby certify that the horse described herein was examined by me on 3/5/2019 and was found to be:

- Physically able to perform the work or duties required of it.¹
- Not physically able to perform the work or duties required of it. (Please describe).
- Physically able to perform the work or duties required of it **with restrictions.** (Please describe).

¹ Carriage horse may work no more than 9 hours in any continuous 24-hour period. Riding horses may work no more than 8 hours in any continuous 24-hour period.

DESCRIPTION OF INJURIES, DISEASES AND WORK RESTRICTIONS

Include maximum hours a day that horse should work.

No restrictions. Horse can work 8 normal days.

(Signature)

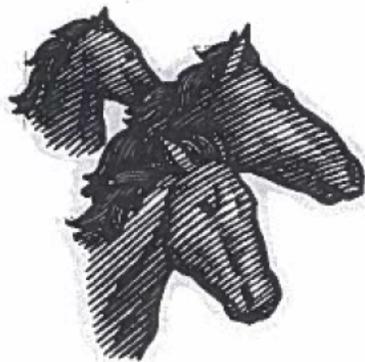
Section C - DOHMH USE ONLY

Approved by <i>(Signature)</i>	Date <u>3/6/19</u>
Notes: <u>A-5-23-19</u>	

VETERINARIAN'S SIGNATURE <i>(Signature)</i>	Date <u>3/5/19</u>
VETERINARIAN'S NAME (Print Name) <u>Dennstaheln</u>	N.Y.S. LICENSE NO. <u>5387</u>



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas A. Farley, MD, MPH
Commissioner



MEMO

TO: New York City Department of Consumer Affairs
Licensing Center

FROM: NYC Department of Health and Mental
Hygiene, Veterinary Public Health Services

SUBJECT: **Horse License Application Approval**

DATE: 3/7/19

OWNER'S NAME: Y. Ozcelik

HORSE NAME: Aysha

CARRIAGE RIDING

The attached application(s) have been reviewed in our office and approved. Please provide applicant with brass tag(s) for their horse(s).

If you have any questions, please contact our office at (646) 364-1783.

Thank you for your assistance.



Horse License
 Department of Health and Mental Hygiene
 125 Worth Street, CN-66 • New York, NY 10013

This license is issued to the Licensee designated hereon. It is granted under conditions of compliance with provisions of the Health Code and Regulations thereunder or any other law or regulation which the Department is required to enforce.

OFFICE USE ONLY		
CAMIS Number 50089585	Tag Number 4274	Date License Issued ____/____/____
LICENSE NUMBER Type _____ Number _____		LICENSE EXPIRES 5/31/20

OWNER INFORMATION (The undersigned makes the following statements in accordance with provisions of Local Law No. 4 of the laws of 1982)

Check One
 CARRIAGE
 RIDING

NAME OF OWNER (Last Name, First Name)
ORZICIELIKI YALCINI

HOME ADDRESS
 [REDACTED]

HORSE STABLED AT (Name of Stable)
6118 WISANO STREET
 STREET ADDRESS
CANTON PARK
 CITY
N.Y.

APPLICATION DATE
03/06/19

TELEPHONE
 (____) _____

Has this horse ever been licensed to perform work as a Carriage/Riding Horse in NYC?
 Yes
 No

If yes, Name of Previous Owner:

STATE
NY

ZIP CODE
10019

Date of Sale
 ____/____/____

Previous License Number of Horse

Previous Name of Horse

Description of Horse (See Reverse Side)

NAME OF HORSE
AYISHA

SEX
 Mare
 Gelding

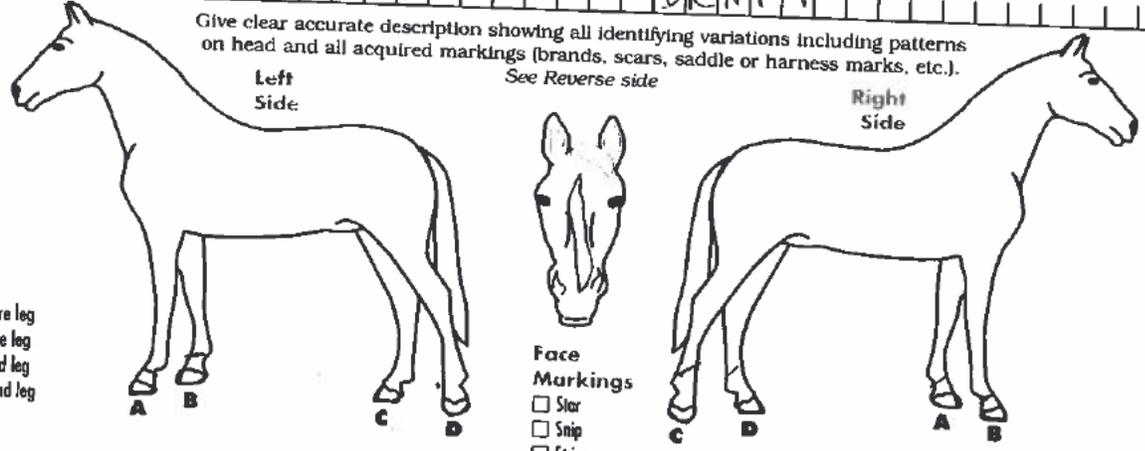
COLOR(S)
SORREL

BREED
DRAFT

DATE OF BIRTH
01/01/2010

AGE
09

Give clear accurate description showing all identifying variations including patterns on head and all acquired markings (brands, scars, saddle or harness marks, etc.).
 See Reverse side



- A Left or near fore leg
- B Right or off fore leg
- C Right or off hind leg
- D Left or near hind leg

- Face Markings
- Star
 - Snip
 - Stripe
 - Blaze
 - Bald
 - Whorl

- Leg Markings
- 1 Coronet
 - 2 Pastern
 - 3 Sock
 - 4 Stocking

NOTE:

This license must remain at the stable where the horse is kept and shall be available at all times for inspection by any police officer, or agents of the Department of Health and Mental Hygiene, the ASPCA, or employees of the Department of Consumer Affairs.

Latest Vet Exam New York	APPROVED (Director of Veterinary Public Health Services) [Signature]	DATE 03/07/19
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03/05/2020

Att: N.Y.C. Board of Health
Re: Aysha Registration #4274
(Mare/ Draft / Sorrel

To Whom It May Concern:

The above named horse Aysha was in distress and treated on Saturday the 29th of February 2020. Upon my arrival at the barn Aysha was unable to stand. Emergency supportive care and fluid therapy were administered. The mare's condition continued to deteriorate despite the intensive medical treatment and Aysha was humanely euthanized.

Evaluation of the laboratory results leads me to believe that Aysha may have had a previous subclinical muscle disorder referred to as PSSM. As such, a disorder of this nature could have triggered the episode that she experienced.

Dennis M. Farrell DVM



Toll Free: (877) 851-7707 Local (631) 676-2404 Fax: (631) 676-2406

Name: Clinton Farm, Aysha
Patient ID:
Species: Equine
Breed: Belgian Draft
Age: 10
Sex: U

Hospital: 1903 - Dr. Camilo Sierra
Doctor: Camilo Sierra
Phone #:
Accession #: 2003030036
Order Date: 3/3/2020
Approval Date: 3/10/2020 1:55 PM

Test Name	Result	Units	Normal Values	Patient History
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Mini Chemistry

ND

ALBUMIN	3.5		g/dl	2.2-3.9
ALK PHOSPHATASE	192		U/L	50-300
ALT (SGPT)	230	H	U/L	5-25
BUN	14		mg/dl	10-25
CREATININE	1.5		mg/dl	1.2-2.0
GLOBULIN	3.3		g/dl	2.6-5.6
GLUCOSE	139	H	mg/dl	70-120
TOTAL PROTEIN	6.8		g/dl	5.6-8.0

Biopsy 1 Site

CMG

Clinical History - Histopathology

Brief Pertinent History and Description of Lesion(s)

Muscle Biopsy

Pathological Findings - Histopathology

Diagnosis

Gluteal muscle: multifocal, light basophilic sarcoplasmic inclusions with myocyte degeneration

Comments

Approximately 5% or fewer of the myocytes contained light basophilic cytoplasmic inclusions. These findings are suggestive of equine polysaccharide storage myopathy, which has been reported to occur in greater than 50% of draft-related breeds. Clinical signs range from recurrent exertional rhabdomyolysis, to progressive weakness (+/- muscle atrophy), to mechanical lameness of the pelvic limbs. Subclinical cases are also common. PAS with amylase staining is used to help confirm this diagnosis. Please contact me if you would like to order this stain. There is an additional fee. Diets that minimize starch and sugar intake and maximize fat intake have proved to be extremely successful in controlling clinical signs of skeletal muscle dysfunction in equine polysaccharide storage myopathy.

Cooper BJ and Valentine B. Muscle and Tendon. In: Maxie MG, ed. Jubb, Kennedy and Palmer's Pathology of Domestic Animals. Vol 1. 6th ed. St. Louis, MO: Elsevier; 2016: 205-208.

Gross Description

Three pieces of gluteal muscle (the largest is 5.5 cm in greatest dimension) are submitted. Sections of all tissues are placed into cassette A.

Microscopic Description

Multiple cross sections and longitudinal sections of skeletal muscle are examined. Approximately 5% or less of the myofibers/myocytes contain accumulation or inclusions of lightly basophilic finely granular material within their sarcoplasm that separates and disrupts myofibrils. These myofibers



Toll Free: (877) 851-7707 Local (631) 676-2404 Fax: (631) 676-2406

Name:	Clinton Farm, Aysha	Hospital:	1903 - Dr. Camilo Sierra
Patient ID:		Doctor:	Camilo Sierra
Species:	Equine	Phone #:	
Breed:	Belgian Draft	Accession #:	2003030036
Age:	10	Order Date:	3/3/2020
Sex:	U	Approval Date:	3/10/2020 1:55 PM

Test Name	Result	Units	Normal Values	Patient History
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Biopsy 1 Site (cont'd)

CMG

have peripheral nuclei that are plump and reactive. Some of these cells are degenerative and lose their striated appearance.

Matthew F. Sheley DVM,
Diplomate, ACVP (Anatomic Pathology)

BIOPSY 1 Site

Vitamin E

KOC

Vitamin E Note

Note from Cornell Animal Health Diagnostic Center:

Not Tested For: Vitamin E in Serum Aysha:

Quantity of sample submitted was insufficient for this test. Analysis requires a minimum of 1 ml serum

From: [Camilo2525](#)
To: [Norma Torres](#)
Subject: 202003101174715448.PDF
Date: Wednesday, March 11, 2020 2:28:49 PM
Attachments: [202003101174715448.PDF](#)

[EXTERNAL/UNTRUSTED]

To whom it may concern,

please be advised that I was called to examine a dead horse On 2/29/2020 around 9pm at Clinton Park Stables located on 52nd Street on Manhattan's west side.

This was a 10 year old sorrel draft mare hoof number 4274. (Aysha , owned by Yakia Ozcelia).

This horse had been euthanized few hours earlier.

Horse received emergency veterinary care, however she did not respond and was unable to get back up.

On physical exam I found horse in good condition, no evidence of struggle, no marks, no fractures, and no injuries consistent with abuse or mishandling.

Upon talking with emergency veterinarian and video that was captured I must assume this horse sustained an acute case of Tying up or PSSM.

It's not uncommon in draft horses.

This horse was current on vaccinations and had been examined by a veterinarian twice a year.

Necropsy was performed and muscle tissues were submitted to the lab for histo pathology.

Final report on chemistry and muscle tissue samples were consistent with PSSM.(reports attached).

This was likely the cause of horse not being able to get back up on her feet and no response to emergency veterinary care at the time of incident.

I can be of further assistance if need be

Thank you

Dr. Sierra

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails. If it looks suspicious, send it as an attachment to spamemail@health.nyc.gov<<mailto:spamemail@health.nyc.gov>>

Camilo B. Sierra DVM

