## PRE-SALE EQUINE PHYSICAL SURVEY (STRONGLY RECOMMENDED)

| Horse's Name Oliver                | Twist                                | Breed Olde                        | in burg                         |
|------------------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| Year Foaled 2016                   | _Color AY                            | Sex Colt                          | <u> </u>                        |
| Consignor - First                  | Last                                 |                                   | Owner Agent                     |
| Owner - First                      | Last                                 |                                   |                                 |
| REMINDER - ORIGINAL NEGATIVE       | COGGINS DRAWN WITHIN 12 M            | ONTHS OF THE DATE OF THE          | AUCTION REQUIRED                |
| Date of Examination: _ MAY 1       | 2017 Place of Examination            | BLACK LIGHTNING                   | 6 STABLES ROLLWOOD              |
| Medical History (Colic, Founder    | , Surgery, Intestinal Disorder       | s, Lameness, Respiratory, I       | Nerves, etc.) ONT CANA          |
| no previous abre                   | -mal history and                     | 2,1006                            | -                               |
| Clinical Evaluation                | (                                    | NAF) .                            | Small wolf                      |
| Body Temperature: 37.6             | Eyes: _nc                            | alon funding Mc                   | outh: normal Phiskurp           |
| Skin: NAT                          | Tumors: N                            | 96 Sc                             | cars: N MF                      |
| Cardiovascular (Heart Rate /Resp   | piratory): 36 at rest                | to so post                        | exercise - Good vecore          |
| 16-20 min- no                      | rough sneeze. 1                      | read Rly                          | ·                               |
| Evidence of Bleeder: NTH k         | Gastro                               | intestinal / Feces:               |                                 |
| Neurological / Musculoskeletal: _  | NAF                                  |                                   |                                 |
| Equine Physical Exam               |                                      |                                   | is to                           |
| Indication of Lameness:no          | indication of language               | vidence of Founder or Lamin       | itis: <u>~~</u> *F              |
| Feet:: Left Fore: _ No Sens        |                                      |                                   | nsitivity to host testa         |
| 10-40000000                        | 923 37                               |                                   | not trock to hood testa         |
| Left Hind: No Seus                 | to hoof tenter                       | Right Hind: <u>V6 Ser</u>         | GI FIOTR TO NOW! ROW            |
| Limbs (Examine for lameness, e     | nlargements, abnormalities)          | *                                 | ,                               |
| Left Fore: ~~ 4 F                  |                                      | Right Fore: <u> </u>              |                                 |
| Left Hind: Nルケ                     |                                      | Right Hind: NAME                  |                                 |
| Urogential (Penis, Testicles, Prep | uce) (Vulva, Vagina, Urethral C      | Orifice, Cervix):                 |                                 |
|                                    | present - Right 1                    |                                   | <u>small</u>                    |
| Broodmares - Vaginal Exam: Cu      | lture (on open mare being offe       | red as broodmare):                |                                 |
| Broodmares - Pregnant:             | T If open - Palpation (Ova           | ries Utenus Cervix):              |                                 |
| Comments, Observations and Re      |                                      |                                   |                                 |
| Confinents, Observations and re    |                                      |                                   |                                 |
|                                    |                                      |                                   |                                 |
| Examining Veterinarian:            | A Souly                              | Date:                             | MAY 1 2017.                     |
|                                    | STREET CAMPBELLOW                    |                                   | 201166                          |
| 0-1                                |                                      |                                   |                                 |
| Elashpoint Bloodstock LLC has      | the right to refuse any horse ba     | sed on the results of this exa    | mination or any information     |
| known to the consignor regarding   | g suitability of sale. If there is a | ny doubt as to the suitability of | of any horse for sale purposes, |

notify the sale management.