Linung's Nigura						(RECOMM		
			Rom Rom					
Year Foaled	2005	Color _	CNESTNUT		Sex	GELD		
Consignor - First			Last			* *	Owne	er 🗌 Agent 🗌
Owner - First			Last					
REMINDER - ORIGINA	AL NEGATIVE C	OGGINS	DRAWN WITHIN	12 MONTHS OF	THE DA	ATE OF THE	AUCTION REG	UIRED
Date of Examination	5/29/17		Place of Examina	ition: Over	THE HI	IL FARM,	SANFORD	
Medical History (Co	olic, Founder,	Surgery	, Intestinal Diso	rders, Lamene	ess, Re	spiratory, N	lerves, etc.)	
Clinical Evaluation		*						
Body Temperature: _	99.4		_ Eyes: _	WNL		Mo	uth: work	
Skin: _	WNC		Tumors:	NONG		Sc	ars:	
Cardiovascular (Hea	rt Rate /Respir	ratory): _	WNC					
Evidence of Bleeder	100		Ga	strointestinal /	Feces:	NO		
Neurological / Muscu	uloskeletal: 1	0						
Equine Physical Su	irvey .							
Indication of Lamene	ess: no			Evidence of	Founde	er or Lamini	tis: 10	
	-					Innie	Dr iho	
Feet:: Left Fore:	WNL			Right F	ore:	UPRIGHT	- KF 1800	E CONFORMIN
Feet:: Left Fore: Left Hind:						1	RF 1830	
Left Hind:	WILL.			_ Right I		1		
Left Hind: Limbs (Examine for	Iameness, enl	argemer	nts, abnormalities	_ Right H , etc.)	Hind:	WNC		
Left Hind: Limbs (Examine for Left Fore:	Iameness, enl	argemer	nts, abnormalities	_ Right ł , etc.) _ Right F	Hind:	will		
Left Hind: Limbs (Examine for Left Fore:	Iameness, enl	argemer	nts, abnormalities	_ Right ł , etc.) _ Right F	Hind:	will		
Left Hind: Limbs (Examine for Left Fore:	Iameness, enl	argemer	nts, abnormalities	_ Right H , etc.) _ Right F _ Right H	Hind: ore: lind:	WWC WWL WWL		
Left Hind: Limbs (Examine for Left Fore: Left Hind: Urogential (Penis, Te	Iameness, enl IAMENESS, enl IA	argemer L ce) (Vulv	nts, abnormalities ra, Vagina, Úrethr	_ Right H , etc.) _ Right F _ Right H ral Orifice, Cerv	-lind: ore: lind: rix):	WWC WWC		
Left Hind: Limbs (Examine for Left Fore: Left Hind:	Iameness, enl IAMENESS, enl IA	argemer L ce) (Vulv	nts, abnormalities ra, Vagina, Úrethr	_ Right H , etc.) _ Right F _ Right H ral Orifice, Cerv	-lind: ore: lind: rix):	WWC WWC		
Left Hind: Limbs (Examine for Left Fore: Left Hind: Urogential (Penis, Te <u>Broodmares</u> - Vagir	Iameness, enl Iameness, enl IAMENE Iameness, Prepu Ial Exam: Cult	argemer ce) (Vulv ure (on c	nts, abnormalities ra, Vagina, Urethr open mare being	_ Right H , etc.) _ Right F _ Right H ral Orifice, Cerv offered as broc	-lind: ore: lind: /ix): dmare)	WWC WWC		
Left Hind: Limbs (Examine for Left Fore: Left Hind: Urogential (Penis, Te <u>Broodmares</u> - Vagir <u>Broodmares</u> - Preg	Iameness, enl Iameness, enl Iamene	argemer ce) (Vulv ure (on c	nts, abnormalities ra, Vagina, Úrethr open mare being pen - Palpation (G	_ Right H , etc.) _ Right F _ Right H ral Orifice, Cerv offered as broc	-lind: ore: lind: /ix): dmare) o, Cervix	WWC WWC WWC		
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Left Hind: Limbs (Examine for Left Fore: Left Hind: Urogential (Penis, Te <u>Broodmares</u> - Vagir <u>Broodmares</u> - Preg	Iameness, enl Iameness, enl Iamene	argemer ce) (Vulv ure (on c	nts, abnormalities ra, Vagina, Úrethr open mare being pen - Palpation (G	_ Right H , etc.) _ Right F _ Right H ral Orifice, Cerv offered as broc	-lind: ore: lind: /ix): dmare) o, Cervix	WWC WWC WWC		
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Fax Completed Pre-Sale Equine Physical Examination Form to (866) 652-7789 or Mail to: Flashpoint Bloodstock, LLC • 275 Battleview Terrace • Charles Town, WV 25414

notify the sale management.

(866) 652-7789 · Email: info@sporthorseauctions.com

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FL-3714622		E1705631		2017-05-09		SEMINOLE	
NAME & ADDR BILL SCHAUB 5010 THOMAS SANFORD FL	STABLE ROAD	Horse and Complete	Addresses Including Zip G NAME & ADDRESS Central Florida Equir Lane Torres DVM 605 South Orange B Sanford, FL 32771	ne Hospital	NAME & AL OVER THE 5010 THOM SANFORD	HILL FARM NAS STABLE F FL 32773	TABLE/MARKET ROAD
Phone: 407-32: PIN: NA / LID: 1			Phone: 407-322-386	4	Phone: 407 PIN: NA / L		
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1					BILL SCHAUB		2017-05-09
NAME OF HOR LAND'S END F		ID1 Barn Name:	RONNIE	ID2		ID3	
	COLOR		AGE OR DOB		BREED		GENDER
LIV	ER CHESTNUT		2005-01-01		SH PONY		
REMARKS:	ER CHESTNUT	· for Asimie					GELDING
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REMARKS:	CRIPTION: UPPER LIP :: SOCK :: SOCK AND BRANDS IMATION VACC. DATE TORY USE ONLY ; al Disease Diagnostic La		2005-01-01	RIGHT FORELIMB: RIGHT HINDLIMB:	SOCK		GELDING
REMARKS:	SCRIPTION: UPPER LIP :: SOCK :: SOCK AND BRANDS INATION VACC. DATE TORY USE ONLY al Disease Diagnostic La Young Parkway		2005-01-01	MBER EXPIR. DAT	SH PONY		GELDING
REMARKS: NARRATIVE DES HEAD: BLAZE, U LEFT FORELIMB LEFT HINDLIMB: OTHER MARKS A RABJES VACO TYPE FOR ABORATORY Bronson Anima 2700 N. John N Kissimmee FL	SCRIPTION: UPPER LIP :: SOCK :: SOCK AND BRANDS INATION VACC. DATE TORY USE ONLY al Disease Diagnostic La Young Parkway		2005-01-01	MBER EXPIR. DAT DATE RECEIVED 2017-05-10	SH PONY		GELDING
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REMARKS: NARRATIVE DES HEAD: BLAZE, U LEFT FORELIMB LEFT HINDLIMB: OTHER MARKS A PABLES VACO TYPE FOR ABORATORY Bronson Anima 2700 N. John M Kissimmee FL TECHNICIAN Trevor Jackson NOTICE TO DOC Please address and	CRIPTION: UPPER LIP :: SOCK : SOCK AND BRANDS IMATION VACC. DATE TORY USE ONLY AL Disease Diagnostic La Young Parkway 34741	aboratory is official document w	2005-01-01	MBER EXPIR. DAT	E DATE REPOI 2017-05-11 Trevor Jack 2017-05-11	RTED Son 1:59 PM -07:	GELDING