Horse's Name IDEAL GIF	T Breed Welsh/TB	u)
Year Foaled 2017 Color born C	and the same of th	
Consignor - First AliciA (LISA) Z	Last Kline Owner	Agen
Owner-First SAME	Last	
Date of Examination: 9/5717 Place of	Examination: Fox or Farm, Round Hill inal Disorders, Lameness, Respiratory, Nerves, etc.)	
Clinical Evaluation		
Body Temperature: 100.2  Skin: Novmul  Tu	Eyes: Normal Mouth: Normal scars: None	
Cardiovascular (Heart Rate /Respiratory): 44 6	eats/minute Respiration = norma	al
Evidence of Bleeder:	Gastrointestinal / Feces: Normal	
Neurological / Musculoskeletal: Normal		
Indication of Lameness: None  Feet: Left Fore: Normal  Left Hind: Normal	Right Fore: Normal Right Hind: Normal	
Limbs (Flexion test on all four limbs, tendons, enla	argements, soreness, ankles, knee stifle, hocks, shoulder, etc.)	):
Left Fore:	Right Fore:	
Urogential (Penis, Testiçles, Prepuce) (Vulva, Vagin	Right Hind:	
Vaginal Exam: Culture (on open mare being offered	as broodmare):	
Broodmares - Pregnant: If open - Palp Comments, Observations and Recommendations: _	pation (Ovaries, Uterus, Cervix):	
Examining Veterinarian: Dr. Andrea L.	Russell Date: 5 Sept 201	7
Examining Veterinarian: Dr. Andrea L.  Address: P.D. Box 1567 Middles	nug, VA 20118	
Phone: <u>540 ~ 687 - 6359</u>	0	
	any horse based on the results of this examination or any infor If there is any doubt as to the suitability of any horse for sale;	

notify the sale management. Fax Completed Pre-Sale Equine Physical Examination Form to (866) 652-7789 or Mail to: