PRE-SALE EQUINE PHYSICAL EXAMINATION (Recommended) Horse's Name Color Sex Consignor - First Last Owner Agent Owner - First Last REQUIRED - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 12 MONTHS OF CLOSING DATE OF THE AUCTION Date of Examination: Place of Examination: Dest Grace PA Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.) **Clinical Evaluation** Body Temperature: Scars: Cardiovascular (Heart Rate /Respiratory): Evidence of Bleeder: Gastrointestinal / Feces: Neurological / Musculoskeletal: (**Equine Physical Exam** Indication of Lameness: Evidence of Founder or Laminitis: Right Hind: __ LO \OI Limbs (Flexion test on all four limbs, tendons, enlargements, soreness, ankles, knee stifle, hocks, shoulder, etc.): Left Fore: _ LONL Right Fore: LOPL Left Hind: WDL Right Hind: しんしし Urogential (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): Vaginal Exam: Culture (on open mare being offered as broodmare): _____ If open - Palpation (Ovaries, Uterus, Cervix): _ Broodmares - Pregnant: Comments, Observations and Recommendations: EQUINE VETERINARY CARE Address: Charles C.M. Arensberg, VMD Phone: (U