

PRE-SALE EQUINE PHYSICAL EXAMINATION (Recommended)

Horse's Name Niecy Breed RPSI
 Year Foaled 2016 Color CHESTNUT Sex Filly

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: _____

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: 99.4 Eyes: u Mouth: u
 Skin: u Tumors: u Scars: u
 Cardiovascular (Heart Rate /Respiratory): u

Evidence of Bleeder: u Gastrointestinal / Feces: u

Neurological / Musculoskeletal: u

Equine Physical Exam

Indication of Lameness: u Evidence of Founder or Laminitis: u

Feet: Left Fore: _____ Right Fore: _____
 Left Hind: _____ Right Hind: _____

Limbs (Flexion test on all four limbs, tendons, enlargements, soreness, ankles, knee stifle, hocks, shoulder, etc.):

Left Fore: _____ Right Fore: _____
 Left Hind: _____ Right Hind: _____

Urogenital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): u

Vaginal Exam: Culture (on open mare being offered as broodmare): _____

Broodmares - Pregnant: _____ If open - Palpation (Ovaries, Uterus, Cervix): _____

Comments, Observations and Recommendations: _____

Examining Veterinarian: Brian Brubaker Date: 7/7/17

Address: Wateridge Equine, Charles Town, WV

Phone: 609-754-9108

Flashpoint Bloodstock, LLC has the right to refuse any horse based on the results of this examination or any information known to the consignee regarding suitability of sale. If there is any doubt as to the suitability of any horse for sale purposes, notify the sale management.

PRE-SALE EQUINE PHYSICAL EXAMINATION *(Recommended)*

Horse's Name GIMMINEY Breed RPST
 Year Foaled 2016 Color Bay Sex Colt

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: _____

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: 100.5 Eyes: N Mouth: N
 Skin: N Tumors: None Scars: None

Cardiovascular (Heart Rate /Respiratory): N

Evidence of Bleeding: N Gastrointestinal / Feces: N