

PRE-SALE EQUINE PHYSICAL SURVEY (STRONGLY RECOMMENDED)

Horse's Name Aero Miles Breed Dutch Warmblood

Year Foaled 2007 Color Bay Sex Mare

Consignor - First Abigail Last Van Owner Agent

Owner - First _____ Last _____

REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 12 MONTHS OF THE DATE OF THE AUCTION REQUIRED

Date of Examination: _____ Place of Examination: _____

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

Shivers

Clinical Evaluation

Body Temperature: _____ Eyes: _____ Mouth: _____

Skin: _____ Tumors: _____ Scars: _____

Cardiovascular (Heart Rate /Respiratory): _____

Evidence of Bleeder: _____ Gastrointestinal / Feces: _____

Neurological / Musculoskeletal: _____

Equine Physical Exam

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

Feet: Left Fore: _____ Right Fore: _____

Left Hind: _____ Right Hind: _____

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: _____ Right Fore: _____

Left Hind: _____ Right Hind: _____

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

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

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

Comments, Observations and Recommendations: _____

Examining Veterinarian: _____ Date: _____

Address: _____

Phone: _____

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

C. Jarvis Insurance Agency, Inc.

49 East Garfield Road • Aurora, Ohio 44202 • Telephone (440) 248-5330 • Facsimile: (440) 248-8737 • E-mail: info@jarvisinsurance.com

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE (Not Necessary for Specified Perils Coverage - F.L.T.)

Animals being examined for insurance should be moved from outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, TIPPANY ATTERBERG, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of FLORIDA and that I have this day examined: Owned by _____

Address							
NAME OF ANIMAL	A. <u>AER Miles</u>	D. _____					
If Unnamed	B. _____	E. _____					
List Sire and Dam	C. _____	F. _____					
		A	B	C	D	E	F
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1.	Pulse and respiration normal?	yes					
2.	Temperature normal?	yes					
3.	Eyes clinically normal?	yes					
4.	Heart Auscultated and found normal?	yes					
5.	History or evidence of bleeder?	yes					
6.	History or evidence of nerving?	no					
7.	Any evidence of laminitis or founder?	no					
8.	Has any surgery ever been performed?	no					
9.	Has animal been castrated?	N/A					
10.	If male, is genitalia evident and normal?	N/A					
11.	If female, is she reported in foal?	no					
12.	Subject to previous history of colic?	no					
13.	Any digestive disorder present?	no					
14.	Any indication of infection or disease?	no					

If any surgery has been performed, describe type of surgery and date N/A

If surgery has been performed, has animal fully recovered? N/A

Is there any likelihood of future danger to life or limb as a result of such surgery? N/A Any lameness or faulty conformation or other abnormal conditions? more HAS SHIVERS

Is the stabling adequate? yes Is there evidence of vices or objectionable habits? no

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

Has official E I A Test been run? yes Date 9/12/16 Lab. No. EQDX1018033 Result: NEG EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANIMAL IS IN INSURABLE CONDITION.

1 Remarks _____

2 Signed [Signature] Date 14 Apr 17

Address PO Box 5308, Ocala FL 34978 Phone 352-239-0955