

PRE-SALE EQUINE PHYSICAL SURVEY (STRONGLY RECOMMENDED)

Horse's Name ONE FIN DEY SC Breed _____
Year Foaled _____ Color _____ Sex _____

Consignor - First _____ Last _____ Owner Agent
Owner - First _____ Last _____

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

Date of Examination: 11-12-19 Place of Examination: Farm

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

Clinical Evaluation

Body Temperature: WNL Eyes: WNL Mouth: _____
Skin: WNL Tumors: NO Scars: R. Ear

Cardiovascular (Heart Rate /Respiratory): WNL

Evidence of Bleeder: NO Gastrointestinal / Feces: Not Examined

Neurological / Musculoskeletal: WNL

Equine Physical Exam

Evidence of Lameness: NO Evidence of Founder or Laminitis: NO

Left Fore: WNL Right Fore: WNL
Left Hind: WNL Right Hind: WNL

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: WNL Right Fore: WNL
Left Hind: WNL Right Hind: WNL

Genital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethra ~~X~~ Orifice, ~~X~~ Vix): WNL

Broodmares - Vaginal Exam: Culture (on open mare being offered as broodmare): N/A

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

Comments, Observations and Recommendations:

Examining Veterinarian: _____ Date: 11-12-19

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.

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
(866) 652-7789 • Email: info@flashpointbloodstock.com

From: Attached Image
Subject: November 14, 2019 at 6:39 PM
Date: November 14, 2019 at 6:39 PM
To: Armstrong, Sheila A. sheila.armstrong@morganlewis.com