

PRE-SALE EQUINE PHYSICAL SURVEY (STRONGLY RECOMMENDED)

Horse's Name Nok worthy 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.)
SX R Fore Bone Suffer From a KICK.

Clinical Evaluation
Body Temperature: WNL Eyes: WNL Mouth: WNL
Skin: Warts on nose Tumors: NO Scars: L.H. Wound

Cardiovascular (Heart Rate /Respiratory): WNL
Evidence of Bleeder: - Gastrointestinal / Feces: Not Examined
Neurological / Musculoskeletal: WNL

Equine Physical Exam
Evidence of Lameness: NO Evidence of Founder or Laminitis: NO

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

Joints (Examine for lameness, enlargements, abnormalities)
Left Fore: WNL Right Fore: WNL
Left Hind: WNL Right Hind: WNL

Genital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): 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 • Fax: (304) 261-0000 • Email: info@flashpointbloodstock.com

From: Attached Image
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