PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name	Recep	ofion		E	Breed	Tb	
Year Foaled	2017	_Color	Bay		_ Sex	-	
Consignor - First			/ Last				Owner Agent
Owner - First			Last				
REMINDER - ORIGINA	L NEGAȚIVE	qoggins D	RAWN WITHIN	11 MONTHS OF TH	IE DATE	OF THE AUCTI	ON REQUIRED
Date of Examination:	7/17	no Pla	ace of Examina	ition: IPD	KT		
Medical History (Co	lic, Founder	Surgery, I	ntestinal Diso	rders, Lameness	, Respir	atory, Nerves	, etc.)
Nove to	My K	noute	dge				
Clinical Evaluation							
Body Temperature: _	100.7		Eyes:	OK_		Mouth:	OK
Skin: _	OV		Tumors:	sove not.	eel	Scars: 1	rone noted
Cardiovascular (Hear							
Evidence of Bleeder:	lag	NX	Ga	ştrointestinal / Fed	ces:	harm	al
Neurological / Muscu			1				
Equine Physical Exa	am		0.				
Indication of Lamene				Evidence of Fo	under or	Laminitis:	no
Feet:: Left Fore:		eK.		Right Fore	e:	al	
				Right Hind	d:	al	
Limbs (Examine for I	ameness, en	argements	abnormalities)				
					:	014	
Left Hind:	91	1		Right Hind	:	914	<
Urogential (Penis, Tes							
Broodmares - Vagina	al Exam: Cult	ure (on ope	n mare being o	ffered as broodma	are):	WA	
Broodmares - Pregn Comments, Observat	ant:ions and Rec	IF ope	en - Palpation (ons:	Ovaries, Uterus, C	Cervix): _	MA	
100							
Examining Veterinaria	n:_JAS	ew Sce	Fu, bom		Da	ate: 7	7 teo
Address: 7.0	39× 9	Sun	Dand E	Extendin	200	63	
Phone:					050		

ThoroughbredAuctions.com 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.