

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name Warning Track Breed Tb
Year Foaled 2006 Color Bay Sex F

Consignor - First _____ Last _____ Owner ☐ Agent ☐

Owner - First _____ Last _____

REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 11 MONTHS OF THE DATE OF THE AUCTION REQUIRED

Date of Examination: 7/17/2020 Place of Examination: Crystal Springs Farm

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

NO

Clinical Evaluation

Body Temperature: 100.2 Eyes: WNL Mouth: WNL
Skin: WNL Tumors: NO Scars: NO

Cardiovascular (Heart Rate /Respiratory): 28/16

Evidence of Bleeder: NO Gastrointestinal / Feces: WNL

Neurological / Musculoskeletal: WNL

Equine Physical Exam

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

Feet:: 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

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

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

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

Comments, Observations and Recommendations: _____

LBD 5-7-2020

Examining Veterinarian: Joan Sam Hamilton DVM Date: 7/17/20

Address: _____

Phone: 575-585-3561

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.

Send Completed Pre-Sale Equine Physical Survey Form to info@ThoroughbredAuctions.com
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