PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name 19 wa	rning Tro	ack Bree	ed Tb	
Year Foaled 2019 Co	olor Bay-	Se	exF	***
Consignor - First	Last			Owner Agent
Owner - First	Last			
REMINDER - ORIGINAL NEGATIVE COG Date of Examination: 7 116/20 Medical History (Colic, Founder, Sur	GGINS DRAWN WITHIN 11 Place of Examinati	on: Crystal	Springs	TION REQUIRED
Clinical Evaluation Body Temperature:	Eves:	WhL	Mouth:	WNL
Body Temperature: 100 / Skin: WhL	Tumors:		Scars:	
Cardiovascular (Heart Rate /Respirato				
Evidence of Bleeder: NO	Gast	rointestinal / Feces:	WHL	
Neurological / Musculoskeletal:	WHC			
Equine Physical Exam				
Indication of Lameness:		Evidence of Found	er or Laminitis:	NO
Feet:: Left Fore:		Right Fore: _		
Left Hind:		Right Hind: _	WHL	
Left Hind:		Right Fore: _ Right Hind: _	WILL	
Urogential (Penis, Testicles, Prepuce)	(Vulva, Vagina, Urethral	Orifice, Cervix):	whL	
Broodmares - Vaginal Exam: Culture (on open mare being off	ered as broodmare)):	
Broodmares - Pregnant: Comments, Observations and Recomn				
Examining Veterinarian:	in familion	DW	Date: <u>=</u> 7/16	120
Address: Tularosa Equino	Olinic, LLC	llarese Equine Clinic !	LC	
Phone: 525 -355 -356	4	P.O. 8ox 277 Tulerosa, NM 88352		

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 or Mail to:ThoroughbredAuctions.com LLC • 275 Battleview Terrace • Charles Town, WV 25414 (866) 652-7789 (phone & fax) • Email: info@ThoroughbredAuctions.com