

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name Rogue Wave Breed Tb
Year Foaled 2018 Color Chest Sex G

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: 7/16/20 Place of Examination: Crystal Springs

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

Clinical Evaluation

Body Temperature: 100.5 Eyes: WNL Mouth: WNL
Skin: WNL Tumors: / Scars: _____

Cardiovascular (Heart Rate /Respiratory): 36 / 20

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): Gelding

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

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

Comments, Observations and Recommendations: _____

Examining Veterinarian: Dean Sam Hamilton DVM Date: 7/16/20

Address: Tularosa Equine Clinic, LLC

Phone: 505-585-3561

Tularosa Equine Clinic LLC
P.O. Box 277
Tularosa, NM 86352

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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