PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name	Stear	ner	hane		Breed _	Th		
Year Foaled .	2020	_Color _	Bay		_ Sex _	Colt	-	
Consignor - First								Agent [
Owner - First			Last					
REMINDER - ORIGINA Date of Examination: Medical History (Co	7/16/2	20_1	Place of Examina	ation:	tal Sp	arings		IRED
Clinical Evaluation								
Body Temperature: _ Skin: _ Cardiovascular (Hear								
Evidence of Bleeder:	NO	/		strointestinal / Fe	eces:	WNL		
Neurological / Muscu	loskeletal:	487	D					
Equine Physical Exa								
ndication of Lamenes	ss:/\/ 0			Evidence of Fo	ounder o	r Laminitis:	No	
Feet:: Left Fore:	unl			Right For	re: <u>W</u>	nl		
Left Hind:	whi			Right Hin	nd:	W/		
	uni			Right For	d:W	n \		
Urogential (Penis, Tes	sticles, Prepu	ce) (Vulva	a, Vagina, Urethr	al Orifice, Cervix): Both	1 testicles	desend	ed
Broodmares - Vagina Broodmares - Pregn	ant:	IF o _l	pen - Palpation (Ovaries, Uterus,	Cervix):			
Comments, Observati	0	Lua	Huma At	ma &Ma		-21	2/20	
Examining Veterinaria	V	omo	v w www	ON WINC		Date:	120	
Address:			ne Clinic, Li	ularos	P.O. Box	Clinic LLC 277		
Phone: 575	-282-	5561		Tuk	arosa, 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.