PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name	19 1	izka	λ	E	Breed _	To		
Consignor - First			Last				Owner	Agent
Owner - First								
REMINDER - ORIGINA Date of Examination: Medical History (Col	1/16/	20 P	DRAWN WITHIN Place of Examin	ation:	ta	Springs	TION REQU	JIRED
Clinical Evaluation Body Temperature: Skin: Cardiovascular (Hear	WIL		Tumors: _	WINC				
Evidence of Bleeder:	NO		Ga	astrointestinal / Fed	ces:	WhL		
Equine Physical Exa	ım							
ndication of Lamenes					under d	or Laminitis:	No	
Feet:: Left Fore:					e:	UNL		
Left Hind:	WIL			_ Right Hind	d:	WNL		
	Whi	,	s, abnormalities	_ Right Fore		WAL		
Jrogential (Penis, Tes								
<u> Broodmares</u> - Vagina	l Exam: Culti	ure (on op	en mare being	offered as broodma	are):			
Broodmares - Pregna Comments, Observati	ant: ons and Rec	IF op ommendat	en - Palpation tions:	(Ovaries, Uterus, C	ervix):			
Examining Veterinaria	n: Joali	Edin	Hanul	ton Dun		Date: 716	120	
Address:	U Tulo	rosa Eo	uine Clinic	LLC Tula	rosa Equ	ine Clinic LLC		
Phone: 5>5 - 3	25-232	61		7	ularosa	, 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.