PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED) Year Foaled 2015 Color Bay _____Last _____Owner ___ Agent [Consignor - First Owner - First Last REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 11 MONTHS OF THE DATE OF THE AUCTION REQUIRED Date of Examination: 1/17/2020 Place of Examination: Crystal Springs Farm Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.) Clinical Evaluation Body Temperature: _________ Eyes: WNL Mouth: WNL Skin: WNL Tumors: No Scars: No Cardiovascular (Heart Rate /Respiratory): 36/16 Evidence of Bleeder: _____ Gastrointestinal / Feces: _____ UNC Neurological / Musculoskeletal: WNC Equine Physical Exam Feet:: Left Fore: WNL Right Fore: LUNC Left Hind: ____ WWL Right Hind: ____ WNL Limbs (Examine for lameness, enlargements, abnormalities) Right Fore: _____ Left Fore: WNL Left Hind: WNL Right Hind: ____ WNL Urogential (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): Broodmares - Vaginal Exam: Culture (on open mare being offered as broodmare): Comments, Observations and Recommendations: LBD 4-20-2020 Examining Veterinarian: Helm Sum tamulton DM Date: 7/17/20 llaross Equine Clinic LLC Address: 575-285-2561 Phone: ___

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