## PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name 20 MON	ey Order	Breed	76
Year Foaled 2020 Color	1		
Consignor - First	Last		Owner Agent
Owner - First	Last		
REMINDER - ORIGINAL NEGATIVE COGGI Date of Examination: 7/17/2020 Medical History (Colic, Founder, Surge	_ Place of Examination:(	Crystal	Springs Farm
Clinical Evaluation			D n M
Skin: WNL	Eyes:	Dave	Mouth: Parrot moudh Scars: None
Cardiovascular (Heart Rate /Respiratory)	. 1		
Evidence of Bleeder:	Gastrointes	stinal / Feces: _	No
Neurological / Musculoskeletal: WM			
Equine Physical Exam			
Indication of Lameness: No	Evide	nce of Founde	r or Laminitis: NO
Feet:: Left Fore: WW		Right Fore:	wil
Left Hind: www.		Right Hind:	/1
Left Fore:  Left Hind:  Urogential (Penis, Testicles, Prepuce) (V	F	Right Fore: Right Hind:	wil
Broodmares - Vaginal Exam: Culture (or			
Broodmares - Pregnant: II Comments, Observations and Recomme			x):
Examining Veterinarian:	Sun Hamilton	1 DM	Date: 7/17/70
Address: Ularosa Equine (	47		
Phone:	88352 <i>5</i> 2.	5-585-	3561

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.