PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name Mar Kina	Time	Breed ,	To	
Year Foaled 2018 Colo	Bay	Sex	F	
Consignor - First	Last			Owner Agent
Owner - First	Last			
REMINDER - ORIGINAL NEGATIVE COGG Date of Examination: 7/16/20 Medical History (Colic, Founder, Surg	Place of Examination	: Crystal	Springs	
Clinical Evaluation Body Temperature:				Whi
Evidence of Bleeder:	Gastroi	ntestinal / Feces: _	WhL	
Neurological / Musculoskeletal:				
Equine Physical Exam				
Indication of Lameness:	E	vidence of Founder	or Laminitis: _	NO
Feet:: Left Fore:		Right Fore:	WILL	
Left Hind: WhL		Right Hind:	WIL	
Left Hind:		Right Fore: Right Hind:	WNL	
Urogential (Penis, Testicles, Prepuce) (V	/ulva, Vagina, Urethral O	rifice, Cervix):	whi	
Broodmares - Vaginal Exam: Culture (c	on open mare being offer	ed as broodmare): _		
Broodmares - Pregnant: I Comments, Observations and Recomme				
Examining Veterinarian:		n Dm	Date: <u>7/1</u>	6/20
Address: Tularosa Equine Clinic E		-6-6 201		
Phone: Tularosa, NM 88352	525-5	185-3561	194	

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.