

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name Gift Card Breed ~~2010~~ Tb
Year Foaled 2010 Color Chest Sex F

Consignor - First _____ Last _____ Owner Agent
Owner - First _____ Last _____

REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 11 MONTHS OF THE DATE OF THE AUCTION REQUIRED

Date of Examination: 7/17/20 Place of Examination: Crystal Springs Farm
Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: 99.3 Eyes: wnl Mouth: wnl
Skin: wnl Tumors: None Scars: None

Cardiovascular (Heart Rate /Respiratory): 36/16

Evidence of Bleeder: No Gastrointestinal / Feces: wnl

Neurological / Musculoskeletal: wnl

Equine Physical Exam

Indication of Lameness: No Evidence of Founder or Laminitis: No

Feet:: Left Fore: wnl Right Fore: wnl
Left Hind: wnl Right Hind: wnl

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: wnl Right Fore: wnl
Left Hind: wnl Right Hind: wnl

Urogenital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): wnl

Broodmares - Vaginal Exam: Culture (on open mare being offered as broodmare): wnl fsh

Broodmares - Pregnant: Yes IF open - Palpation (Ovaries, Uterus, Cervix): _____

Comments, Observations and Recommendations: LBD 4-30-2020

Examining Veterinarian: Sean Sun Hamilton DVM Date: 7/17/20

Address: Alamosa Equine Clinic LLC
P.O. Box 277
Alamosa, NM 88352

Phone: 525-585-3561

ThoroughbredAuctions.com LLC has the right to refuse any horse based on the results of this examination or any information known to the consignee 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
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