

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name 20 Gift Card Breed Th
Year Foaled 2020 Color Chest Sex Filly

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: 7/17/2020 Place of Examination: Crystal Springs Farm

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: 100.1 Eyes: WNL Mouth: WNL
Skin: WNL Tumors: WNL Scars: WNL

Cardiovascular (Heart Rate /Respiratory): 56/24

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): _____

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

Comments, Observations and Recommendations: _____

Examining Veterinarian: Leah Ann Hamilton DVM Date: 7/17/20

Address: Tularosa Equine Clinic LLC

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 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
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