

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name 19 Hawk Glide Breed Tb
Year Foaled 2019 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: 7/16/20 Place of Examination: Crystal Springs

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

Clinical Evaluation

Body Temperature: 100.2 Eyes: wnc Mouth: wnc
Skin: wnc Tumors: / Scars: _____
Cardiovascular (Heart Rate /Respiratory): 36 / 16

Evidence of Bleeder: NO Gastrointestinal / Feces: wnc

Neurological / Musculoskeletal: wnc

Equine Physical Exam

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

Feet:: Left Fore: wnc Right Fore: wnc
Left Hind: wnc Right Hind: wnc

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: wnc Right Fore: wnc
Left Hind: wnc Right Hind: wnc

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

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

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

Comments, Observations and Recommendations: _____

Examining Veterinarian: Sean Sew Hamilton DVM Date: 7/16/20

Address: Tularosa Equine Clinic, LLC Tularosa Equine Clinic LLC
P.O. Box 277

Phone: 525-585-3561 Tularosa, NM 88352

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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