

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name 19 Renewed Vows Colt Breed Tb
Year Foaled 2019 Color Bay Sex Colt

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: 100.5 Eyes: wnc Mouth: wnc
Skin: wnc Tumors: / Scars: _____

Cardiovascular (Heart Rate /Respiratory): 44/

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): Both testicles descended

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: Sean Sean Hamilton DVM Date: 7/16/20

Address: _____

Phone: _____ 525-581-3561

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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