

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name DE FELINAS SONG Breed TB
Year Foaled 2016 Color CHEST Sex F

Consignor - First MARK Last ALLEN Owner Agent
Owner - First _____ Last _____

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

Date of Examination: 8/19/20 Place of Examination: ROOBBE EAGLE RANCH

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

Physical Evaluation
Body Temperature: 100 Eyes: WNL Mouth: WNL
Skin: WNL Tumors: WNL Scars: WNL

Cardiovascular (Heart Rate /Respiratory): 42/16

Evidence of Bleeder: NO Gastrointestinal / Feces: WNL

Neurological / Musculoskeletal: WNL

Equine Physical Exam

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

Left Fore: WNL Right Fore: WNL

Left Hind: WNL Right Hind: WNL

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

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

Comments, Observations and Recommendations: _____

Performing Veterinarian: Kevin J Black DVM Date: 8/19/20

Address: 3501 OLD DEXTER HWY ROSWELL NM 88203

Phone: 575 625-8775

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