

PRE-SALE EQUINE PHYSICAL SURVEY (STRONGLY RECOMMENDED)

Horse's Name Remingtons Royal Destiny Breed Welsh Cross
Year Foaled 3/20/2012 Color Bay Roan Sex G

Consignor - First Etain Last Hatch Owner Agent
Owner - First _____ Last _____

REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 12 MONTHS OF THE DATE OF THE AUCTION REQUIRED

Date of Examination: 10/20/2020 Place of Examination: Rheinland Farms Inc

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)
no issues
cribber

Clinical Evaluation
Body Temperature: 99 Eyes: WNL Mouth: WNL
Skin: WNL Tumors: none Scars: none

Cardiovascular (Heart Rate /Respiratory): Heart - WNL /lungs - WNL

Evidence of Bleeder: No Gastrointestinal / Feces: normal

Neurological / Musculoskeletal: no evidence of neurologic disease, no muscle atrophy

Equine Physical Exam

Indication of Lameness: none - Evidence of Founder or Laminitis: None

Feet: Left Fore: Barefoot Right Fore: Barefoot
Left Hind: barefoot Right Hind: Barefoot

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: WNL Right Fore: WNL
Left Hind: slight bog spavin Right Hind: slight bog spavin

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

N/A **Broodmares** - Vaginal Exam: Culture (on open mare being offered as broodmare): _____

N/A **Broodmares** - Pregnant: _____ If open - Palpation (Ovaries, Uterus, Cervix): _____

Comments, Observations and Recommendations: _____

Examining Veterinarian: Dr. Renee Nodine Date: 10/20/2020

Address: 177 valley lane Annville PA 17003

Phone: 717-867-1880

Flashpoint Bloodstock, 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.



YR:2020

an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid... for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

OMB Approved 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

AA 976308

INV: 1W

MINI ID: 30375
05/09/2020 @ 8:40 AM

EQUINE INFECTIOUS ANEMIA TEST FORM

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only)	2. DATE BLOOD DRAWN 5-6-2020	3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID
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4. REASON FOR TESTING
 Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)

5a. NAME
Rheinland Farm

5b. PHYSICAL/STREET ADDRESS
788 Mountain Rd.

5c. CITY, STATE, ZIP CODE
Pine Grove PA 17963

5d. TELEPHONE NUMBER

6. COUNTY OF EQUINE AT BLOOD DRAW
Schuylkill

7. NAME AND ADDRESS OF OWNER

7a. NAME
Caitlyn Hatch

7b. MAILING ADDRESS
1402 Oak Rd

7c. CITY, STATE, ZIP CODE
Pottsville PA 17901

7d. TELEPHONE NUMBER

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN

8a. VETERINARIAN NAME
Renee D. Nodine VMD

8b. NATIONAL ACCREDITATION NUMBER
049996

8c. VETERINARIAN SIGNATURE
Renee D. Nodine

8d. SIGNATURE DATE
5-6-2020

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN
177 Valley In

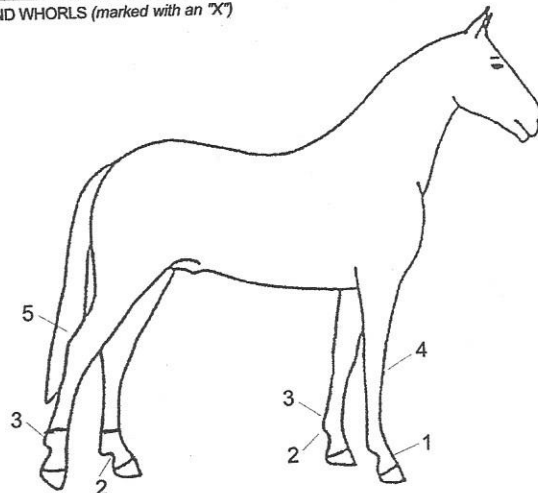
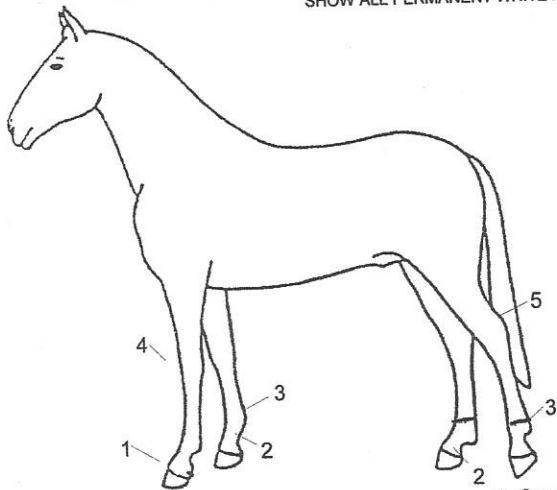
8f. CITY, STATE, ZIP CODE
Annville PA 17003

8g. TELEPHONE NUMBER
717-867-1880

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal Experiment 626 (Stitch)	12. Color Red Roan	13. Breed (or species if not a horse) Welsh x	14. Age or DOB 8	15. Sex G	M - Male Intact F - Female Intact <input checked="" type="checkbox"/> G - Gelding FS - Female Spayed
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16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD

18. NECK AND BODY (include coat color patterns, if any)

19. LEFT FORELIMB

20. RIGHT FORELIMB

21. LEFT HINDLIMB
SACK

22. RIGHT HINDLIMB
SOCK

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME

24. DATE SAMPLE RECEIVED
5-8-20

25. DATE RESULTS REPORTED
5-10-20

26. OFFICIAL TEST RESULT
 Negative Positive

27. TEST TYPE USED
 AGID ELISA

28. LABORATORY REMARKS

29. SIGNATURE OF NVSL-APPROVED EIA TECHNICIAN
Renee D. Nodine

30. INTERIM RESULT REFERRED FOR CONFIRMATION

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

Previous editions may be used.