, P	RE-SALE EQUINE	PHYSICAL SURV	EY
Horse's Name Julie W	0	Breed	noroughbred
Year Foaled 2016	Color _ Bay	Sex 4	nare
Consignor - First	Last		Owner Agent
Owner - First	Last		
REMINDER - ORIGINAL NEGATIVE Of Date of Examination: 6-22-2 Medical History (Colic, Founder, none	Place of Examination: _	Double Tree ?	tarm
Clinical Evaluation Body Temperature: Skin: Cardiovascular (Heart Rate /Respi	Tumors:	Clar	Mouth: Clay Scars: Clay
Evidence of Bleeder:	201 mal	strointestinal / Feces:	
Indication of Lameness:	Whites?	Evidence of Founder or L	
Feet:: Left Fore: NOV		Right Fore:	
Left Hind: WOV		Right Hind: NUNL	
Limbs (Examine for lameness, en Left Fore: 1000000000000000000000000000000000000	lear	Right Fore: (Right Hind:	lear
Broodmares - Vaginal Exam: Cul	ture (on open mare being o	offered as broodmare):	JA.
Broodmares - Pregnant: Comments Observations and Re Discrete Comments Observations and Re Examining Veterinarian: Address: Address:	opmmendations:	a range of a	Date: 6-22-21
Phone: 432-523	CC07	hand on the secults of the	la avamination or any information
Flashpoint Bloodstock, LLC has the	ne right to refuse any horse	e based on the results of the	is 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.

Fax Completed Pre-Sale Equine Physical Examination Form to (866) 652-7789 or Mail to: Flashpoint Bloodstock, LLC • 275 Battleview Terrace • Charles Town, WV 25414 (866) 652-7789 • Email: info@sporthorseauctions.com