	^			NE PHYSI	CAL SU	RVEY	
Horse's Name	Carters	Vant	2		_ Breed _	QH	
Year Foale	2018	_Color _B	ay		Sex _	9	i
Consignor - First			Last				Owner Agent
Owner - First			Last				
REMINDER - ORIGI Date of Examination Medical History (on: 672 Colic, Founde	Plac	ce of Examina	ation: Buc	kner	cow h	orges
	WHL	piratory):\t	Tumors: _	WNL none PR 30	seen	Scars:	
Evidence of Bleed Neurological / Mus	A STATE OF THE STATE OF	WALL	Ga	astrointestinal /	Feces: L	INL	
Equine Physical Indication of Lame Feet:: Left Fore: _ Left Hind:	eness: Wh	4L - no	o lame	Right I		ML	
Limbs (Examine for Left Fore: Left Hind: Urogential (Penis,	WNL WNL Testicles, Prep	uce) (Vulva, \	/agina, Ureth	Right F Right F ral Orifice, Cen		NL ML	
	egnant:vations and Re	If open	- Palpation (Ovaries, Uterus	s, Cervix): _		
Phone: 512-4	1537-0	151		,,,,,,,			

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.