PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name _ Kiss on the H	lorizon	Breed	QH	
Year Foaled 2017 Col	or bay	Sex	mare	
Consignor - First Owner - First 5 AM	Last	tenderso	N	Owner Agent [
Date of Examination: 2 2 2 2 Medical History (Colic, Founder, Sur	Place of Examination	on:	OL Fan piratory, Nerves	s, etc.)
Clinical Evaluation Body Temperature: Skin: Won wal Cardiovascular (Heart Rate /Respirator	y): Heat v		rate No	
Evidence of Bleeder:		rointestinal / Feces:		<u>l</u>
Equine Physical Exam Indication of Lameness:		Evidence of Founder Right Fore: Right Hind:	or Laminitis: Nov Nov	No mal
Left Fore: Left Hind: Urogential (Penis, Testicles, Prepuce) (**)	il colorged	Right Fore: Right Hind: Orifice, Cervix):	NOO	mal Meel
Broodmares - Vaginal Exam: Culture (on open mare being offe	ered as broodmare): _	12/4	9
Broodmares - Pregnant: Comments, Observations and Recomm	If open - Palpation (Ova	aries, Uterus, Cervix): Www.Sow		Joal
Examining Veterinarian:David_U Address:401 McCormick Rd. Phone: (214) 957-2175	nnerstall, DVM , Oak Point, T		Date:	-7,22
Flashpoint Bloodstock, LLC has the righ	t to refuse any horse ba	ased 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.

Fax Completed Pre-Sale Equine Physical Examination Form to (866) 652-7789 or Mail to:

PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name 2022 One Fabulous Eagle x	Kiss on the QH
Year Foaled 4/25/22 Color bay	
real roaled 17700700 Color	
Consignor - First Last _	Owner Agent [
Owner - First SAM Last Last	HANDERSON
REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITH	IN 12 MONTHS OF THE DATE OF THE AUCTION REQUIRED
Date of Examination: 7-7-22 Place of Exami	
Medical History (Colic, Founder, Surgery, Intestinal Dis	sorders, Lameness, Respiratory, Nerves, etc.)
FOOT REIDES ON	a strangles injected tanv
Clinical Evaluation	
Body Temperature:	NOW Scars: NONE
Skin: NORM Tumors:	Nove Scars: Nove
Cardiovascular (Heart Rate /Respiratory):	al freart rate thesp Rate on
1 2110	Gastrointestinal / Feces: Novulal
Evidence of Bleeder:	Gastrointestinal / Feces: Norway
Neurological / Musculoskeletal: Umbilic	ral nernia
Equine Physical Exam	4.1
Indication of Lameness:	Evidence of Founder or Laminitis:
Feet:: Left Fore: Norm	Right Fore:
Left Hind: NOPM	Right Hind: NOR M
Limbs (Examine for lameness, enlargements, abnormalitie	es)
Left Fore: Wormal	
Left Hind:	
Urogential (Penis, Testicles, Prepuce) (Vulva, Vagina, Ureth	hral Orifice, Cervix): External genitalia
Broodmares - Vaginal Exam: Culture (on open mare being	
Broodmares - Pregnant: If open - Palpation	(Ovaries, Uterus, Cervix):
Comments, Observations and Recommendations:	
- J	
Examining Veterinarian: David Unnerstall, [DVM Date: 7-7-22
Address: 401 McCormick Rd., Oak Point	
Phone: (214) 957-2175	
Flashpoint Bloodstock, LLC has the right to refuse any hors	se based on the results of this examination or any information
known to the consignor regarding sultability of safe. If there	is any doubt as to the suitability of any horse for sale purposes,

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@ThoroughbredAuctions.com

notify the sale management.