

____ Exam Date: 7/12/22

Horse Name: Seven S Vintage Miss

| | | Yes | No |
|---|--|----------|----------|
| Pulse and Respiration normal at rest and after work? | | ✓ | |
| Heart auscultation normal at rest and after work? | | ✓ | |
| Eyes clinically normal? | | ✓ | |
| Has the horse ever had colic surgery? | | | ✓ |
| History or evidence of nerving? | | | / |
| Any evidence or history of laminitis, club foot, or P3 rotation? | | | \ |
| Any evidence of infection or disease? | | | / |
| Is there evidence of objectionable habits? Vices? | | | V |
| Any major conformation faults which may effect horses short or long term use? | | | · |
| Teeth and bite clinically normal? | | ✓ | |
| Please describe any abnorm | al physical findings below | | |
| ✓ No signi | OR ficant abnormalities noted on exam | ninatio | on |
| Stell. | Shem Oliver, DVM, DACVS- | LA | |
| Signature | Print Name | | |