PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name	FOREVE	or	Jenny		Breed _	TB	
Consignor - First_			Last_(renter	Hills	Farm	Owner Agent
Owner - First _			Last				
REMINDER - ORIGIN							
Date of Examination							
Medical History (C	A 1	-	T-00			oiratory, Nerves	
Clinical Evaluation							
Body Temperature:	MUL		Eyes: _	WNL		Mouth:	wnL
							none
Cardiovascular (Hea	art Rate /Res	piratory):	WNL				
Evidence of Bleeder	: nor	12	G	astrointestinal	/ Feces: _	WnL	
Neurological / Musc	uloskeletal: _	wn	L				
Equine Physical E	xam						
Indication of Lamen	ess:	Jone		Evidence	of Founder	or Laminitis:	none
Feet:: Left Fore:	wnl			Righ	t Fore:	Whl	
Left Hind:	wnL			_ Righ	t Hind:	wnL	
	WNL			Right	Hind:	WnL	
Broodmares - Vagi		ulture (on		offered as bro	oodmare):		
Broodmares - Preg Comments, Observ	9						
Examining Veterina Address: 1135	rian:	LO W	May,	DK 743		Date: 10 -5-	27
Phone:	00-11	1.1.					

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.