## PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name	Sarahcain			Breed	TB	
	2015 Color					
Consignor - First_	Blue Star Ra	cing UC Last_				Owner Agent [
Owner - First _		Last				
Date of Examination	IAL NEGATIVE COGGI n: <u>II /</u> 2日 olic, Founder, Surge	Place of Examina	ation: Blue	Star		
	WNU art Rate /Respiratory):	1	WNL		Mouth: _ Scars: _	NAL
Evidence of Bleeder	:_ Nune	Ga	ıstrointestinal / Fe	eces. W	NL	
Neurological / Musc	uloskeletal: _ W N L				THE CONTRACT OF THE CONTRACT O	
Equine Physical Ex	kam					And the second s
Indication of Lamend	ess: Mone		Evidence of Fo	ounder or L	aminitis: Y	ione
Left Fore: Left Hind:	lameness, enlargeme		) Right Fore Right Hind	e:d:		
	nal Exam: Culture (on	4.44.4				
Broodmares - Pregi	nant: IF	open - Palpation (	Ovaries, Uterus (	Cervix): W	NL	
Examining Veterinari Address: $\frac{1}{7}$ Phone: $\frac{337-3}{7}$		Probott Lafayette	la 20507	Date	e: 1\   2º	1/23

ThoroughbredAuctions.com 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.

Send Completed Pre-Sale Equine Physical Survey Form to info@Thoroughbredauctions.com or Mail to:ThoroughbredAuctions.com LLC • 275 Battleview Terrace • Charles Town, WV 25414 (866) 652-7789 (phone & fax) • Email: info@ThoroughbredAuctions.com