

PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's Name Lizzys Star Breed TB
Year Foaled 2017 Color CH Sex F

Consignor - First Blue Star Racing LLC Last _____ Owner Agent
Owner - First _____ Last _____

REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 11 MONTHS OF THE DATE OF THE AUCTION REQUIRED

Date of Examination: 11/29 Place of Examination: Blue Star

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: 99.7°F Eyes: WNL Mouth: Wpl
Skin: WNL Tumors: none Scars: none

Cardiovascular (Heart Rate /Respiratory): WNL

Evidence of Bleeder: none Gastrointestinal / Feces: WNL

Neurological / Musculoskeletal: WNL

Equine Physical Exam

Indication of Lameness: none Evidence of Founder or Laminitis: none

Feet: Left Fore: _____ Right Fore: _____
Left Hind: _____ Right Hind: _____

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: _____ Right Fore: _____
Left Hind: _____ Right Hind: _____

Urogenital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): WNL

Broodmares - Vaginal Exam: Culture (on open mare being offered as broodmare): WNL

Broodmares - Pregnant: Yes IF open - Palpation (Ovaries, Uterus, Cervix): WNL

Comments, Observations and Recommendations: _____

Examining Veterinarian: Stephanie Abbott Date: 11/29/23

Address: 117 Arabian Dr Lafayette La 70507

Phone: 337-331-3377

ThoroughbredAuctions.com LLC has the right to refuse any horse based on the results of this examination or any information known to the consignee 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
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