## PRE-SALE EQUINE PHYSICAL SURVEY (REQUIRED)

Horse's NameCandys	Parade	Breed	TB
Year Foaled 2018	_ColorCH	Sex	F
Consignor - First Blue Star	Racing LLC Last		Owner Agent [
<u> </u>	Last		
REMINDER - ORIGINAL NEGATIVE Date of Examination: じしつ	Place of Examinat	ion: Blue Star	
Medical History (Colic, Founder	, Surgery, Intestinal Disord	ders, Lameness, Respira	atory, Nerves, etc.)
Clinical Evaluation Body Temperature: Skin: WNU  Cardiovascular (Heart Rate /Resp	Eyes:Tumors:	WNL NNL e bpm/ 12bpm	Mouth: WNL Scars: Work
Evidence of Bleeder: None	Gas	trointestinal / Feces: Wr	VL
Neurological / Musculoskeletal:	WNL		
Equine Physical Exam			
Indication of Lameness: _\_\U\U\		Evidence of Founder or I	Laminitis: NONE
Feet:: Left Fore:			
Limbs (Examine for lameness, en Left Fore: Left Hind: Urogential (Penis, Testicles, Prepu		Right Fore:	
Broodmares - Vaginal Exam: Cult	ure (on open mare being of	ered as broodmare): WN	الـ
Broodmares - Pregnant: NO Comments, Observations and Rec	<b>IF open</b> - Palpation (O ommendations:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	NNL Maiden mare
Examining Veterinarian: Stop Address: 17 Aywai wa 1 Phone: 337 - 33) - 33		Dai	te: 11/29/23

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