PRE-SALE EQUINE PHYSICAL EXAMINATION (Recommended)

Horse’s Name ____________________________________________ Breed ______________________________

Year Foaled ________ Color ________________________________ Sex ____________________________

Consignor - First __________________ Last ____________________________________________ Owner [ ] Agent [ ]

Owner - First __________________ Last ____________________________________________

REQUIRED - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 12 MONTHS OF CLOSING DATE OF THE AUCTION

Date of Examination: __________________ Place of Examination: ___________________________________

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

Clinical Evaluation
Body Temperature: __________________ Eyes: __________________ Mouth: __________________
Skin: __________________ Tumors: __________________ Scars: __________________

Cardiovascular (Heart Rate /Respiratory): _______________________________________________________
_____________________________________________________________________________________

Evidence of Bleeder: __________________________ Gastrointestinal / Feces: __________________

Neurological / Musculoskeletal: ________________________________________________________________

Equine Physical Exam
Indication of Lameness: __________________________ Evidence of Founder or Laminitis: ______________

Feet:
Left Fore: __________________________________ Right Fore: ________________________________
Left Hind: __________________________________ Right Hind: ________________________________

Limbs (Flexion test on all four limbs, tendons, enlargements, soreness, ankles, knee stifle, hocks, shoulder, etc.):

Left Fore: __________________________________ Right Fore: ________________________________
Left Hind: __________________________________ Right Hind: ________________________________

Urogential (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix):
_____________________________________________________________________________________

Vaginal Exam: Culture (on open mare being offered as broodmare):
_____________________________________________________________________________________

Broodmares - Pregnant: __________ If open - Palpation (Ovaries, Uterus, Cervix): ______________

Comments, Observations and Recommendations:
_____________________________________________________________________________________
_____________________________________________________________________________________

Examining Veterinarian: ____________________________________________ Date: ____________________

Address: ________________________________________________________________________________

Phone: ________________________________________________________________________________

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.

Fax Completed Pre-Sale Equine Physical Examination Form to (866) 652-7789 or Mail to:
Flashpoint Bloodstock, LLC • 275 Battleview Terrace • Charles Town, WV 25414
(866) 652-7789 • Email: info@sporthorseauctions.com