

PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name _____ Breed _____
Year Foaled _____ Color _____ Sex _____

Consignor - First _____ Last _____ Owner Agent
Owner - First _____ Last _____

REMINDER - ORIGINAL Negative Coggins Drawn Within 11 MONTHS of the Date of the Auction REQUIRED.

Date of Examination: _____ Place of Examination: _____

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerved, 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 (Examine for lameness, enlargements, abnormalities)

Left Fore: _____ Right Fore: _____

Left Hind: _____ Right Hind: _____

Urogenital (testicles (both evident in scrotum), penis) (vulva, vagina, cervix) _____

Broodmares - Pregnant: _____ If open - palpation, palpation, vaginal exam, culture : _____

Comments, Observations and Recommendations: _____

Examining Veterinarian: _____ Date: _____

Address: _____

Phone: _____

Professional Horse Services 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.