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# WESTERN BLOODSTOCK LTD

## VETERINARY EXAMINATION OF SALE HORSE

THIS FORM CAN ONLY BE COMPLETED & SIGNED BY A LICENSED UNITED STATES VETERINARIAN

SALE HORSE:  
AQHA/APHA REGISTERED NAME ORDINARYISH

AQHA/APHA Registration # 0173020

UPON EVALUATION WHAT IS THE SEX OF THE SALE HORSE?

Mare - Is this mare in foal?  No  Yes - actual date checked in foal \_\_\_\_\_ (must be within 15 days of sale)

Stallion - are both testicles descended?  Yes  No Note: \_\_\_\_\_

Gelding

ANSWER EACH QUESTION with the OWNER

Is VISION IMPAIRED?	Y	<input checked="" type="radio"/> N
Does Horse CRIB In Any Way?	Y	<input checked="" type="radio"/> N
Is There Obvious GAP BETWEEN UPPER & LOWER TEETH?	Y	<input checked="" type="radio"/> N
Has Horse Had ABDOMINAL OR JOINT SURGERY?	Y	<input checked="" type="radio"/> N
Has Horse Been NERVED, FOUNDERED, or Had NAVICULAR DISEASE?	Y	<input checked="" type="radio"/> N
Has Tail Been Altered In ANY Way?	Y	<input checked="" type="radio"/> N
Is MARE Intracytoplasmic Sperm Injection (ICSI) Only?	Y	<input checked="" type="radio"/> N

Explain Any Question Answered YES and LIST ANY SCARS or BLEMISHES upon examination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian Signature David Ricks

An original, copy or facsimile of Veterinarian's signature shall be valid for the purpose of this form.

Printed Name of Veterinarian DAVID RICKS, DVM

Contact Number of Veterinarian/Clinic (254) 485-8280

Date of Examination of Sale Horse 6/30/2023

MUST BE RETURNED TO WESTERN BLOODSTOCK, LTD. BY JULY 12, 2023

Email to: [kelsey@westernbloodstock.com](mailto:kelsey@westernbloodstock.com)

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REGISTERED NAME  
**ORDINARYISH**



DATE ISSUED  
**09/07/2022**

REGISTRATION NUMBER  
**6173020**

OWNER NAME  
**HASHTAG VENTURES LP**

HASHTAG VENTURES LP  
21351 N US HIGHWAY 377  
STEPHENVILLE, TX 76401-6946



DNA CASE NUMBER      MICROCHIP #  
**QHA568281              933000320558362**

**MARKINGS**

**WHITE HAIRS IN FOREHEAD. WHITE ON BRIDGE OF NOSE. LEFT FORE SOCK. SOCKS ON HIND FEET. ROAN IN FLANKS AND OVER BARREL. WHITE HAIR AT ROOT OF TAIL. NO OTHER MARKINGS.**

DISEASE PANEL RESULTS: HYPP=N/N HERDA=N/N MH=N/N PSSM TYPE1=N/N GBED=N/N  
For more information regarding the disease results, refer to [www.aqha.com/geneticstesting](http://www.aqha.com/geneticstesting)

The name on the front of this certificate listed as CURRENT OWNER is the present owner of this horse as shown on the records of American Quarter Horse Association. If ownership changes have occurred, up to three previous owners are listed below. All other ownership records are on file in the AQHA office.

(Physical Address)  
1600 Quarter Horse Drive  
Amarillo, TX 79104

Telephone: (806)376-4811  
[www.aqha.com](http://www.aqha.com)

(Mailing Address)  
P.O. Box 200  
Amarillo, Texas 79168

