

WESTERN BLOODSTOCK LTD

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VETERINARY EXAMINATION OF SALE HORSE

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

SALE HORSE:

AQHA/APHA REGISTERED NAME Smooth As a Cat x Besides one Time

AQHA/APHA Registration # Perkins

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

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

Veterinarian Signature

Todd K. Lavinsky DVM

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

Printed Name of Veterinarian

TOOD K. LAVINSKY DVM

Contact Number of Veterinarian/Clinic

940-367-8475-C

Date of Examination of Sale Horse

7-13-23

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

Email to: kelsey@westernbloodstock.com