

WESTERN BLOODSTOCK LTD

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 Spoonful of Rebel

AQHA/APHA Registration # 6236883

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:
None

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

Printed Name of Veterinarian Christine Sutherland, DVM

Contact Number of Veterinarian/Clinic 817-599-9635

Date of Examination of Sale Horse 7/11/23

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

Email to: kelsey@westernbloodstock.com