

# 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 Radd

AQHA/APHA Registration # 6161684

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 - horse is in excellent health and sound.

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

Printed Name of Veterinarian Justin High, DVM

Contact Number of Veterinarian/Clinic 817-599-9635

Date of Examination of Sale Horse 6/21/23

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

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