

# 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** \_\_\_\_\_

**AQHA/APHA Registration #** \_\_\_\_\_ *(Red Roan Filly)*  
*Hyadralvala*  
*X Nashtayr*

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

Printed Name of Veterinarian Wendy Weiberg DM

Contact Number of Veterinarian/Clinic 530 304 3731

Date of Examination of Sale Horse 7/11/23 1:20pm

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

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