

# 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 # \_\_\_\_\_

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

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

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### **Veterinarian Signature**

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

Printed Name of Veterinarian \_\_\_\_\_

Contact Number of Veterinarian/Clinic \_\_\_\_\_

Date of Examination of Sale Horse \_\_\_\_\_

**MUST BE RETURNED TO WESTERN BLOODSTOCK, LTD. BY MARCH 20, 2025**

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