

# PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Year Foaled \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Consignor - First \_\_\_\_\_ Last \_\_\_\_\_  Owner  Agent  
Owner - First \_\_\_\_\_ Last \_\_\_\_\_

**REMINDER - ORIGINAL Negative Coggins Drawn Within 11 MONTHS of the Date of the Auction REQUIRED.**

Date of Examination: \_\_\_\_\_ Place of Examination: \_\_\_\_\_

**Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerved, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

## CLINICAL EVALUATION

Body Temperature: \_\_\_\_\_ Eyes: \_\_\_\_\_ Mouth: \_\_\_\_\_

Skin: \_\_\_\_\_ Tumors: \_\_\_\_\_ Scars: \_\_\_\_\_

Cardiovascular (Heart Rate /Respiratory): \_\_\_\_\_  
\_\_\_\_\_

Evidence of Bleeder: \_\_\_\_\_ Gastrointestinal / Feces: \_\_\_\_\_

Neurological / Musculoskeletal: \_\_\_\_\_

## EQUINE PHYSICAL EXAM

Indication of Lameness: \_\_\_\_\_ Evidence of Founder or Laminitis: \_\_\_\_\_

Feet: Left Fore: \_\_\_\_\_ Right Fore: \_\_\_\_\_

Left Hind: \_\_\_\_\_ Right Hind: \_\_\_\_\_

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: \_\_\_\_\_ Right Fore: \_\_\_\_\_

Left Hind: \_\_\_\_\_ Right Hind: \_\_\_\_\_

Urogenital (testicles (both evident in scrotum), penis) (vulva, vagina, cervix) \_\_\_\_\_  
\_\_\_\_\_

Broodmares - Pregnant: \_\_\_\_\_ If open - palpation, palpation, vaginal exam, culture : \_\_\_\_\_  
\_\_\_\_\_

**Comments, Observations and Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examining Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Super Sires and/or Professional Horse Services has the right to refuse any horse based on the results of this examination or any information known to the consignor regarding suitability of sale.

If there is any doubt as to the suitability of any horse for sale purposes, notify the sale management.