

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

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

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 JULY 9, 2025

Email to: kelsey@westernbloodstock.com