

Consignors Veterinary Statement

This statement only describes the physical findings.

Horse Name: Matt Hip No (if available) _____

Age: 2/6/2024 Color: Bay Breed: QH

Owner: _____ Exam Date: 12/17/2024

| | Yes | No |
|---|-----|----|
| Eyes Clinically Normal? | ✓ | |
| Has The Horse Ever Had Colic Surgery? | | ✓ |
| History or Evidence of Nerving? | | ✓ |
| Any Evidence or History of Laminitis, Club Foot, or P3 Rotation? | | ✓ |
| Any Evidence of Infection or Disease? | | ✓ |
| Is There Evidence of Objectionable Habits? Vices? | | ✓ |
| Any Major Conformation Faults Which May Effect Horses Short or Long Term Use? | | ✓ |
| Teeth and Bite Clinically Normal? | ✓ | |
| Intact Males- Are Both Testicles Present in the Scrotal Sac? | ✓ | |
| Adult Mares- Is the Mare Pregnant? If so, Last Breeding Date: _____ | — | |
| If Adult Mare Is Not Pregnant, Are there Any Reproductive Abnormalities? | — | |
| Is the horse deaf ? | | ✓ |

Please Describe Any Abnormal Findings:


Veterinarian Signature

David Celella, DVM
Name (Printed)

12/17/2024
Date