

PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name IMTHEIMAGEOFCOOL Breed Quarter Horse
Year Foaled 2025 Color Sorrel Sex Stallion

Consignor - First LUTHER COR JUSAN Last COPELAND Owner Agent
Owner - First _____ Last _____

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

Date of Examination: 3/30/26 Place of Examination: Consignor's barn

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

N/A

CLINICAL EVALUATION

Body Temperature: T_e 98.7 Eyes: WNL Mouth: WNL
Skin: Neq Tumors: Neq Scars: Neq
Cardiovascular (Heart Rate /Respiratory): HR = 44, RR = 24

Evidence of Bleeder: Gastrointestinal / Feces:

Neurological / Musculoskeletal: Neq

EQUINE PHYSICAL EXAM

Indication of Lameness: None Evidence of Founder or Laminitis: None

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)

(Stallion) - both testicles descended

Broodmares - Pregnant: _____ If open - palpation, palpation, vaginal exam, culture: _____

Comments, Observations and Recommendations: _____

Examining Veterinarian: Brad G. Powell, DVM Date: 3/30/26

Address: 20069 N. US Hwy 281, Stephenville, TX, 76401

Phone: 254-413-8830

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.

Brad A Powell, D