

### PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name Nitig Breed KWP  
 Year Foaled 2018 Color Black Sex Coeding

Consignor - First Jesse Last Zehr Owner  Agent   
 Owner - First Jesse Last Zehr

**REMINDER - ORIGINAL NEGATIVE COGGINS DRAWN WITHIN 12 MONTHS OF THE DATE OF THE AUCTION REQUIRED**

Date of Examination: 3/2/20 Place of Examination: 1425 Antwerp Rd  
 Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)  
none

**Clinical Evaluation**

Body Temperature: 100.8 Eyes: norm Mouth: norm  
 Skin: norm Tumors: none seen Scars: none seen

Cardiovascular (Heart Rate /Respiratory): HR 32 Resp Rate 28

Evidence of Bleeder: no Gastrointestinal / Feces: normal  
 Neurological / Musculoskeletal: norm

**Equine Physical Exam**

Indication of Lameness: none Evidence of Founder or Laminitis: none  
 Feet: Left Fore: norm Right Fore: norm  
 Left Hind: norm Right Hind: norm

**Limbs (Examine for lameness, enlargements, abnormalities)**

Left Fore: norm Right Fore: norm  
 Left Hind: norm Right Hind: norm

Urogenital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): normal

**Broodmares** - Vaginal Exam: Culture (on open mare being offered as broodmare): N/A

**Broodmares** - Pregnant: \_\_\_\_\_ If open - Palpation (Ovaries, Uterus, Cervix): \_\_\_\_\_

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

Examining Veterinarian: James C. Collier M Date: 3/2/20  
 Address: 13328 Main St. P.O. Box 155 Grabbitz IN 46741  
 Phone: 260-627-8303

Flashpoint Bloodstock, LLC has the right to refuse any horse based on the results of this examination or any information known to the consignee regarding suitability of sale. If there is any doubt as to the suitability of any horse for sale purposes, notify the sale management.



State Form 55300 (6-13)  
 Indiana State Board of Animal Health  
 Discovery Hall, Suite 100  
 1202 East 38th Street, Indianapolis, IN, 46205  
 (317) 544-2400

# INDIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity  
 FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number

32-4481-1583336989

03/05/2020 10:22AM FAX 2608573005 Zehrs\_cablnetry\_mfg 0003/0008

ENTRY PERMIT #

INSPECTION DATE: <b>03/02/2020</b>		SHIPMENT DATE		<input checked="" type="radio"/> Large Animal		<input type="radio"/> Small Animal									
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)							
First Name <b>Jesse</b>		Last Name <b>Zehr</b>		AND/OR		First Name		Last Name		AND/OR		Business Name			
Business Name				Business Name <b>Flashpoint Bloodstock Llc</b>				Physical Address							
Physical Address of Animals <b>14425 Antwerp Rd</b>				Physical Address of Animals <b>275 Battleview Terrace</b>				City		State		Zip Code		Phone Number	
City <b>Grabill</b>		State <b>IN</b>		Zip Code <b>46741</b>		County <b>Allen</b>		City <b>Charles Town</b>		State <b>WV</b>		Zip Code <b>25414</b>		County	
Phone Number <b>(260) 466-2494</b>		Location ID#		Phone Number <b>(866) 652-7789</b>		Location ID#		Transport Method <b>Truck</b>		Purpose of Movement <b>Sale</b>					
Consignor's Address (if different)				Consignee's Address (if different)				<input checked="" type="checkbox"/> Interstate		<input type="checkbox"/> Intrastate					

Disease Certification Statements				Flock/Herd Accredited Free For: Herd/Flock #				Current State/Area Status:			
				<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Johnie's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify)				Tuberculosis: <b>Free</b> Brucellosis: <b>Free</b> <input type="checkbox"/> Other (specify)			

SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER	
Equine	1		NITIGN / BAY / KWPN/ LIFETIME #B400252018N00504	2	Y	C	Other	N/A	N/A	N/A	N/A	N/A	03/02/2020	ANTECH	NEG	INCG077 5538	
<b>TOTAL</b>	<b>1</b>																

OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate." <b>3-4-20</b>		VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.	
DATE <b>3-4-20</b>		SIGNED <i>James C. Robbins</i>	
DATE <b>03/04/2020</b>		Printed Name <b>James C. Robbins, D.V.M.</b>	
Address <b>13328 Main St</b>		City <b>Grabill</b>	
State <b>IN</b>		Zip <b>46741</b>	
USDA Accreditation # <b>050893</b>		State of License <b>IN</b>	
License # <b>0004481</b>		Digitally signed by <b>James C. Robbins D.V.M.</b>	
Signature <b>James C. Robbins D.V.M.</b>		Date: <b>2020.03.04 10:50:09 -05'00'</b>	
		CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED	

Version 3.2

**N.E. ALLEN VETERINARY SERVICES, INC.**

**JAMES C. ROBBINS, D.V.M.  
DEBRA K. HELLER, PRACTICE MANAGER**

Grabill Veterinary Clinic  
13328 Main Street P.O. Box 159  
Grabill, IN 46741  
Phone: 260-627-8303  
Fax: 260-627-0833

**CERTIFICATION STATEMENTS FOR HORSES GOING TO PUBLIC SALE  
WITH POTENTIAL FOR EXPORT TO CANADA**

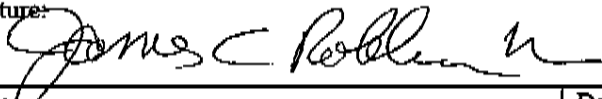
(to be completed by horse's regular veterinarian)

Statements can be placed on an interstate or state health certificate in lieu of issuing this document

Additional Certificate Statements for horses going to Public Sales:

1. The animal was, to the best of my knowledge and belief, not expose to any communicable disease within 60 days preceding the date of inspection.
2. The horse as resided in the United States or Canada since birth OR has met all of the import requirements of the United States and has resided in the United States for the past 60 days.
3. The horse has not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. If female, it has not been bred naturally to, or inseminated with, semen from a stallion positive for CEM, or a stallion resident upon a positive premises or under quarantine or investigation for CEM.
4. The animal(s) have not been in a country outside of the US considered affected with contagious equine metritis (C.E.M.) during the twelve (12) months immediately prior to their exportation unless they have undergone CEM testing in the U.S. (including breeding to 2 test mares for stallions) with negative results or a special authorization has been granted by CFIA. Note: Special authorization – the CFIA must be contacted prior to the importation to grant special permission for entry when deemed appropriate.
5. During the previous twenty-one (21) days, the horse described below has not been outside the state(s) of Indiana.

**Issuing Veterinarian**

Signature: 	
Name: <b>James C. Robbins D.V.M.</b>	Date: <b>03/02/2020</b>

Addendum to Health Certificate # (if Health Cert was issued): <b>32-44821583336989</b>	Name of Horse (not needed if Health Certificate Number given): <b>Nitign</b>
Owner of Horse (not needed if Health Certificate Number given): <b>Jesse Zehr</b>	Breed, color, age, and sex: (not needed if Health Cert. Number given)

Revised 10-12-12