

PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name Natruus Breed KWPN
Year Foaled 2018 Color Dark Bay Sex Female

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: 14425 Antwerp Rd

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

none

Clinical Evaluation

Body Temperature: 101.3 Eyes: norm Mouth: norm
Skin: norm Tumors: none seen Scars: LR mid-canon

Cardiovascular (Heart Rate /Respiratory): HR - 38 Resp Rate 22

Evidence of Bleeder: no Gastrointestinal / Feces: normal

Neurological / Musculoskeletal: norm

Equine Physical Exam

Indication of Lameness: none Evidence of Founder or Laminitis: no

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 (scar as noted)

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 Rollman Date: 3/2/20

Address: 13328 Main St, P.O. Box 159 Corbiell 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 consignor regarding suitability of sale. If there is any doubt as to the suitability of any horse for sale purposes, notify the sale management.

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

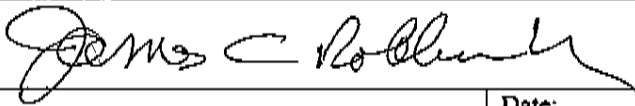
Fax: 260-627-0833

**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: James C. Robbins D.V.M.	Date: 03/02/2020

Addendum to Health Certificate # (if Health Cert was issued): 32-4481-1583337036	Name of Horse (not needed if Health Certificate Number given) Natruss
Owner of Horse (not needed if Health Certificate Number given) Jesse Zehr	Breed, color, age, and sex: (not needed if Health Cert. Number given)



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

Certificate Number

32-4481-158337036

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

ENTRY PERMIT #:		INSPECTION DATE: 03/02/2020		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 Jesse		Last Name Zehr		AND/OR		First Name		Last Name		AND/OR		Business Name					
Business Name				Business Name Flashpoint Bloodstock Llc				Physical Address									
Physical Address of Animals 14425 Antwerp Rd				Physical Address of Animals 275 Battleview Terrace				City		State		Zip Code		Phone Number			
City Grabill		State IN		Zip Code 46741		County Allen		City Charles Town		State WV		Zip Code 25414		County			
Phone Number (260) 466-2434		Location ID#		Phone Number (866) 652-7789		Location ID#		Transport Method Truck		Purpose of Movement Sale							
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"/> John's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify)				Tuberculosis: Free Brucellosis: Free <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		NATRUUS / DARK BAY / KWPN / LIFETIME # 8400262018N00327	23	M	F	Other	N/A	N/A	N/A	N/A	N/A	03/02/2020	ANTECH	NEG	INCG00775529	
TOTAL	1																
OWNER/AGENT STATEMENT *The animals in this shipment are those certified to and listed on this certificate.* 3-4-20				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 3-4-20 Jesse Zehr				Date 03/04/2020				Printed Name James C. Robbins, D.V.M.				Phone (260) 627-8303		Email grabillvet@frontier.com			
SIGNATURE				Address 13328 Main St				City Grabill				State IN		Zip 46741			
				USDA Accreditation # 050893				State of License IN				License # 0004481					
Signature James C. Robbins D.V.M.				Digitally signed by James C. Robbins D.V.M.				Date: 2020.03.04 10:50:50 -05'00'				CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED					

03/05/2020 10:24AM FAX 2608573005 Zehrs cablnetry mfg 0007/0008