

# Sherry Foster Equine Dental Services

4148 VZ CR 3710 Wills Point, Texas 75169  
(903) 288-2110

#8428 May 14, 2024

Certified by Equine Dental Providers of America

MOB 214-449-8028

VET

TEL

PRAC OFF

TIME SEDATION

AMOUNT

75161

SEX Gelding

Invested By Temptation

BREED American Paint Horse (APHA)

AGE 5

YEAR 2019

SEDATION NOTES

CONDITION SCORE 5/10

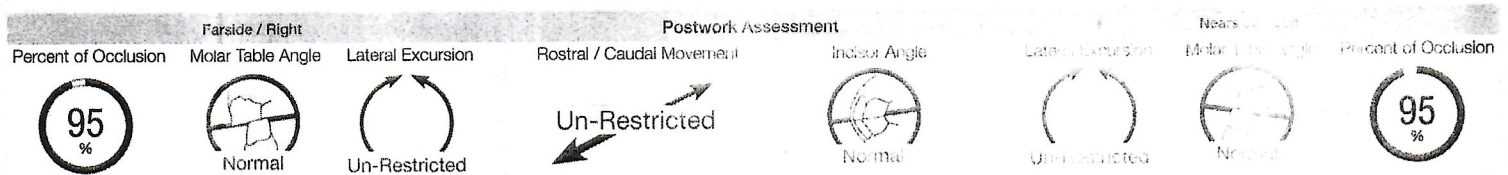
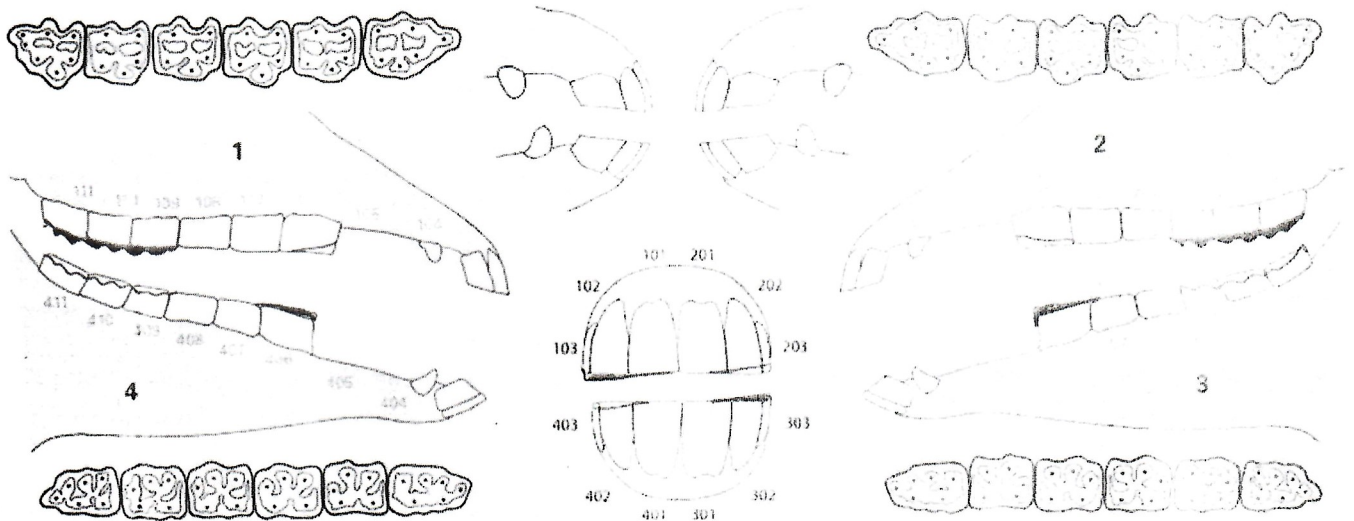
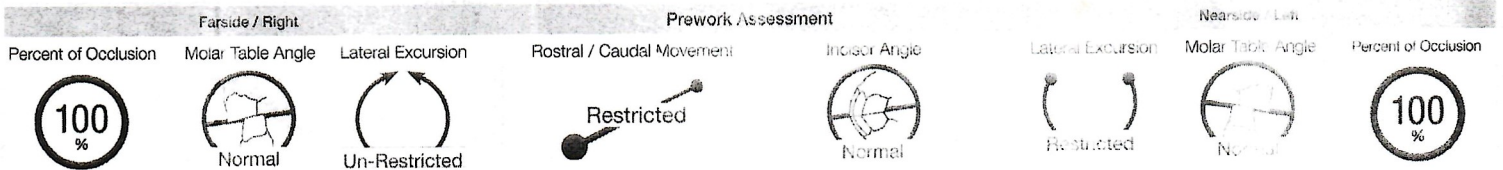
HORSE NOTES

COLOUR Palomin... HEIGHT 14.3

Clinical Notes

Last Treatment

Unknown



Incisors

Diagonal Bite  
Buried  
Routine Float and Balance

Canines

Buff

Wolf Teeth

Premolars & Molars

Sharp Points  
Ramps  
ETR/ATR  
Protuberant  
Routine Float  
Limited lateral excursion to left  
Limited lateral excursion to right

Other

NOTES

ATTACHMENTS

CHARGES  
\$150.00

CALLOUT  
\$0.00

TAX  
\$0.00

TOTAL  
\$150.00

Repayment Due

1 Year / May 14, 2025



## TEXAS EQUINE HOSPITAL

13688 S. State Highway 6 | Bryan, Texas 77807

PHONE: 979-778-2529 FAX: 778-4358

www.texasequinehospital.com

3/13/2024

Lily Bragg

Slim

17878 A

# Pre-Purchase Report

**Conflict of interest disclosure:** It is possible that the doctor has had a personal or professional relationship with the seller or the seller's agent/trainer and possibly the horse itself. You (the buyer) can determine if this is the case by asking one of the individuals and if concerned, may cancel the exam prior to its start. In the spirit of patient confidentiality, the doctor is not permitted to release any information without the consent of the seller's express permission. By proceeding with this examination, you are acknowledging this potential conflict of interest and are not concerned.

*This report is the summation of the history provided by the prospective buyer, the seller, and their agents. This report encompasses today's clinical findings of the doctor, the medical procedures requested by the buyer and those recommended by the doctor, and the expressed medical opinions of the doctor. This report does not represent a warranty of insurability or of future soundness. It is intended to assist the prospective purchaser in making a determination as to the suitability of this horse for the intended use.*

- This exam and the findings belong solely to the potential buyer and will only be discussed with the potential buyer unless express written consent is given by the buyer to the veterinarian
- It is the responsibility of the potential buyer to decide whether the seller/seller's agent can be present during the exam and subsequent discussion/x-ray viewing and to let them know of their decision before the exam begins.
- Any warranty on a horse in respect to vices, height, previous conditions, payment options, etc. is a matter between seller and prospective buyer and not the examining veterinarian.

Name of Doctor Performing Exam:

*Dr. Lauren Underwood*

Prospective Buyer:

*Lily Bragg – Not Present*

Seller of Horse:

*Kelly Lazo – Present*

Present Level of Training:

*Green*

Proposed Use:

*Ranch riding/ranch pleasure resale prospect.*





### GENERAL CONDITION

CONFIRMATION & STANCE, WEIGHT & FITNESS, MUCOUS MEMBRANES, TEMPERATURE, GENERAL	WNL	100.8°F
SKIN & COAT	Scar on L hip (7); multiple superficial abrasions/scars on thorax and face.	

### CARDIOVASCULAR SYSTEM

JUGULARS, PULSE QUALITY	WNL
HEART AUSCULTATION REST	Elevated; nervous in exam room.

### RESPIRATORY SYSTEM

LARYNGEAL PALPATION	WNL
RESPIRATORY AUSCULTATION REST	Mild elevations; nervous in exam room.
SPONTANEOUS COUGH, NASAL DISCHARGE, and EXERCISE INDUCED NOISE	Not Present

### VISUAL SYSTEM

CLINICAL INSPECTION, MENANCE RESPONSE, and FUNIDSCOPE EXAM	WNL
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### DIGESTIVE/UROGENITAL SYSTEM

ORAL EXAM, DENTITION and EXTERNAL EXAM & PALPATION	WNL
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### NEUROLOGICAL SYSTEM

TAIL TONE, REFLEXES, SENSORY TONE, PROPRIOCEPTION, BACKING, ALERTNESS, CRANIAL NERVES, and CIRCLING	WNL
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### PALPATION/INSPECTION

HEAD & NECK, ABDOMEN, SHOULDERS & WITHERS, RIGHT & LEFT FORELIMBS, and RIGHT & LEFT HINDLIMBS	WNL
PATELLAR FIXATION (LEFT AND RIGHT), EVIDENCE OF NEURECTOMY, and SURGERY SCARS/TRAUMA	None



## HOOF TESTER RESPONSE AND HOOF INSPECTION/SHOEING

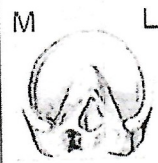
### LEFT FRONT



SHOE  PAD

HOOF TESTER RESPONSE:

### RIGHT FRONT



SHOE  PAD

HOOF TESTER RESPONSE:

### LEFT HIND



SHOE  PAD

- Lateral toe/quarter hoof wall clipped in trailer ride.

### RIGHT HIND



SHOE  PAD

- Steel shoe with quarter clips; 6 nails

## DYNAMIC MOTION – ON ASPHALT

LC= Left Circle | RC = Right Circle | HG = Hard Ground | SG= Soft Ground

TROT LEFT CIRCLE		TROT RIGHT CIRCLE	
LF:	0/5	LF:	0/5
RF:	0/5	RF:	0/5
LH:	0/5	LH:	0/5
RH:	0/5	RH:	0/5
NOTES	Sound baseline.		

## FLEXION TEST RESPONSE

FETLOCK	CARPUS	TARSUS	STIFLE
LF 0/5	L 0/5	L 0/5	L 0/5
RF 0/5	R 0/5	R 0/5	R 0/5
LH 0/5			
RH 0/5			
NOTES	Sound after flexions.		

## RADIOGRAPH EXAMINATIONS – Buyer declined radiographs.

The radiographic views taken for survey radiographs only address the common areas of lesions. They are not meant to be a complete examination of all joints, but will identify most common lesions. To identify unexpected or rare lesions or to provide complete coverage of all joints and all possible views would require many more exposures and would significantly increase the cost. If you desire an extensive radiographic exam, we can provide that service. We believe the survey views represent the best combination of practical coverage and economics.

## RECOMMENDATIONS/COMMENTS

Neither a coggins test or a plasma drug screen were performed. (Last coggins performed January 2024).

Buyer declined radiographs. The horse is sound baseline and sound after flexions. At exam today, the horse is sound with no obvious reason why the horse cannot be used for its intended use.

Signed,

Dr. Lauren Underwood





MECH0535069 2

Coggins ELISA

100 UL SER

NV: 1R, 1TRF

E  
LARGE 129286  
SERO  
E0062

195, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 writing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

OMB Approved  
0579-0127UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

AB 0411887

## JINE INFECTIOUS ANEMIA TEST FORM

OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

(for laboratory use only)

2. DATE BLOOD DRAWN

3. TEST REQUESTED BY VETERINARIAN

☒ ELISA☐ AGID

## 4. REASON FOR TESTING

☒ Within State ☐ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. LOCATION (stable, or market)

## 7. NAME AND ADDRESS OF OWNER

7a. NAME

7b. MAILING ADDRESS

7c. CITY, STATE, ZIP CODE

6. COUNTY OF EQUINE AT BLOOD DRAW

7d. TELEPHONE NUMBER

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

## 8. ACCREDITED VETERINARIAN

8a. VETERINARIAN NAME

8b. NATIONAL ACCREDITATION NUMBER

8c. VETERINARIAN SIGNATURE

8d. SIGNATURE DATE

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN

8f. CITY, STATE, ZIP CODE

8g. TELEPHONE NUMBER

9. Tube Number

10. Tag/Tattoo/Brand Number

11. Name of Animal

12. Color

13. Breed (or species if not a horse)

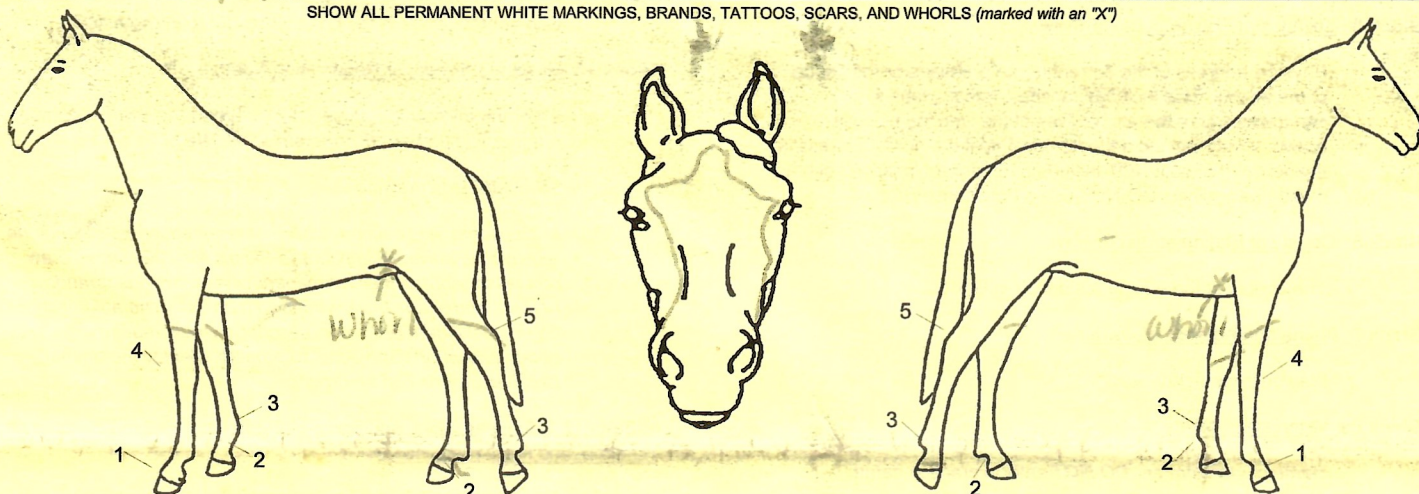
14. Age or DOB

15. Sex

M - Male Intact  
F - Female Intact  
G - Gelding  
FS - Female Spayed

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD

19. LEFT FORELIMB

21. LEFT HINDLIMB

18. NECK AND BODY (include coat color patterns, if any)

20. RIGHT FORELIMB

22. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME

24. DATE SAMPLE RECEIVED

25. DATE RESULTS REPORTED

26. OFFICIAL TEST RESULT

27. TEST TYPE USED

☐ Negative☐ Positive☐ AGID☒ ELISA

28. LABORATORY REMARKS

23a. CITY

23b. STATE

29. SIGNATURE OF NVSL-APPROVED EIA TECHNICIAN

30. INTERIM RESULT REFERRED FOR CONFIRMATION

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

VS FORM 10-11  
FEB 2018

Previous editions may be used.

PART 3 - OWNER