

KWHA-HIO VIOLATION REPORT

NO. 2733

Name of Show/Sale Laurel London Opt. Club Date 8/15/09

Address of Event Laurel London Opt. Club Sports Complex London, KY

Manager's Name & Address Jack Watkins b(6)

Class No. On Grounds Entry No. ET's Big Coin b(6)

Entry's Sex ♂ Color Black Age 15 Marking(s) —

Entry Trainer & Address Novel Bond b(6)

Exhibitor & Address Same As Above

Owner & Address Same As Above

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

- BILATERAL SORE
- PRESSURE SHOEING
- SCAR VIOLATION
- UNILATERAL SORE
- FOREIGN SUBSTANCE
- EQUIPMENT VIOLATION** (circled)
- Describe _____
- UNRULY/FRACTIOUS HORSE
- OTHER: _____

Reason for Disqualification & DQP'S Findings: Working A Flat Shod horse on the grounds in A set of Action Device

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 8/15/09
Time of Inspection: 5:00pm Was the USDA present at the event? YES NO

Name of Contacted Management Representative Jack Watkins

Novel Bond TRAINER'S SIGNATURE Ruby McComen 1011 DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2368

Name of Show/Sale EASTERN KY WALKING + PACKING Date 8-15-09
Celebration

Address of Event Prestonsburg Equine Center Prestonsburg, Ky

Manager's Name & Address DALTON HOWARD ^{b(6)}

Class No. 21 Entry No. 204 Entry Name Pride of Olympic

Entry's Sex C Color B Age 10 Marking(s) STAR

Entry Trainer & Address Cruz Thomas ^{b(6)}

Exhibitor & Address Cruz Thomas

Owner & Address Cruz Thomas ^{b(6)}

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOERING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: UNACCEPTABLE LOCOMOTION

Reason for Disqualification & DQP'S Findings: Horse walked cone unacceptable
w. Th poor locomotion. During Dal Dalton he would flinch
ON LEFT Anterior Area.

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 8-15-09

Time of Inspection: 10:30pm Was the USDA present at the event? YES NO

Name of Contacted Management Representative DALTON HOWARD

TRAINER'S SIGNATURE _____

DQP SIGNATURE Roger Kay

1140
LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

DQP SIGNATURE _____

LIC. NO. _____

KWHA-HIO VIOLATION REPORT

NO. 2734

Name of Show/Sale Laurel/London Opt Club Date 8/15/09

Address of Event Laurel/London Opt Club Sports Complex London Ky

Manager's Name & Address Jack Watkins ^{b(6)}

Class No. 24 Entry No. 285 Entry Name My Good Time Charlie

Entry's Sex 3 Color Grey Age 7 Marking(s) _____

Entry Trainer & Address David Hoskins ^{b(6)}

Exhibitor & Address Kendall Holten ^{b(6)}

Owner & Address Greg + Joanne Greer ^{b(6)}

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: With draw - to palpation in both front feet on the front

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 8/15/09

Time of Inspection: 10:30 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Jack Watkins

TRAINER Not At Show
TRAINER'S SIGNATURE

Reddy McLannan 1011
DQP SIGNATURE LIC. NO.

Catherine Haller
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2732

Name of Show/Sale Madison C. Horse Show Date 8/8/09

Address of Event Madison C. Fairgrounds, Richmond, Ky 40475

Manager's Name & Address Shannon Combs b(6)

Class No. 49 Entry No. 18 Entry Name Banded On PAROLE b(6)

Entry's Sex S Color Black Age 4 Marking(s) Blaze Two whites sock Back

Entry Trainer & Address MARVIN DOYLE b(6)

Exhibitor & Address Brian Doyle Address same as above b(6)

Owner & Address Virgil Dryden Dryden Enterprise b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOEING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: Removal of chamo before inspection

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: _____ Preshow Postshow _____ Recall

Date of Inspection: 8/8/09

Time of Inspection: 10:00 pm Was the USDA present at the event? _____ YES NO

Name of Contacted Management Representative Shannon Combs

TRAINER Not Present
TRAINER'S SIGNATURE

Recky McLesner 1011
DQP SIGNATURE LIC. NO.

Brian W Doyle
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

Brian W Doyle

White -- KY HIO COPY Yellow -- TRAINER'S COPY Pink -- DQP COPY

KWHA-HIO VIOLATION REPORT

NO. 2367

Name of Show/Sale Lewisburg JOK SPA Date 8-8-09

Address of Event Lewisburg Ky Arions club show grounds

Manager's Name & Address Don Tume b(6)

Class No. 10 Entry No. 520 Entry Name Patches hood Dancer

Entry's Sex F Color spotted Age 10 Marking(s) spotted BLACK+white

Entry Trainer & Address PAUL ISHAM b(6)

Exhibitor & Address TONY TULLY b(6)

Owner & Address Kim PACIOTT b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: Horse presented itself to
be sensitive on RT front foot anterior area Flinged
during palpation and moved back foot

CHECK ONE OF THE FOLLOWING: _____ Preshow Postshow _____ Recall

Date of Inspection: 8-8-09

Time of Inspection: 7:40 P.M Was the USDA present at the event? _____ YES NO

Name of Contacted Management Representative Don Tume 6005 old
North Fe. Al. Nashville Ky. 41056

Paul Isha
TRAINER'S SIGNATURE

Rogella
DQP SIGNATURE

11410
LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2713

Name of Show/Sale Madison County Horse Show Date 11-7-09 40475

Address of Event Madison County Fairgrounds Hwy 52 East Richmond, Ky.

Manager's Name & Address Shannon Combs (9)g

Class No. 30 Entry No. 35 Entry Name ~~Open~~ First in line

Entry's Sex S Color Roan Age 5 Marking(s) Roan dapple Gray

Entry Trainer & Address Jeff Smith (9)g

Exhibitor & Address Emilee Smith

Owner & Address Emilee Smith (9)g

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: Reacted to palpation right foot on top.

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 11-07-09

Time of Inspection: 5:15 p.m. Was the USDA present at the event? YES NO

Name of Contacted Management Representative Shannon Combs

Jeff Smith
TRAINER'S SIGNATURE

Ted Poland 1005
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

Pucky McEwen 1011
DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2726

Name of Show/Sale Franklin Co. Fair H.S. Date 7-18-09

Address of Event Lakeview Park Frankfort, Ky. 40604

Manager's Name & Address Kenneth Hopkinsmith b(6)

Class No. 11 Entry No. 118 Entry Name SATAN b(6)

Entry's Sex B Color B Age 4 Marking(s) BLAZE FACE White Left Foot

Entry Trainer & Address Tim Messer b(6)

Exhibitor & Address Same b(6)

Owner & Address Same

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOEING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER Did Not Report To DQP

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: _____ Preshow Postshow _____ Recall

Date of Inspection: 7-18-09

Time of Inspection: 7:35 Was the USDA present at the event? _____ YES NO

Name of Contacted Management Representative Kenneth Hopkinsmith

Linda L. Messer

TRAINER'S SIGNATURE

Ricky McLane 1011

DQP SIGNATURE

LIC. NO.

Tim A. Messer

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2727

Name of Show/Sale Franklin Co. Fair H.S. Date 7-18-09

Address of Event Lakeview Park Frankfort, Ky 40601

Manager's Name & Address Kenneth Hockensmith ^{b(6)}

Class No. 22 Entry No. 111 Entry Name Willy Inv Command ^{b(6)}

Entry's Sex G Color B Age 3 Marking(s) O

Entry Trainer & Address Ted Sizemore ^{b(6)}

Exhibitor & Address Bobby Huff ^{b(6)}

Owner & Address Ted Sizemore ^{b(6)}

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION
Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER Illegal Shoeing

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-18-09

Time of Inspection: 8:50am Was the USDA present at the event? YES NO

Name of Contacted Management Representative Kenneth Hockensmith

Ted Sizemore
TRAINER'S SIGNATURE
Ted Sizemore

Ricky McLearn
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2684

Name of Show/Sale Cone Unity Date 7-18-09

Address of Event London Ky

Manager's Name & Address Donna Dixon b(6)

Class No. 6 Entry No. 300 Entry Name Buddy Holley

Entry's Sex M Color Shiel Age 2 Marking(s) none

Entry Trainer & Address Jim Rogden b(6)

Exhibitor & Address Jim Rogden

Owner & Address Jim Rogden

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOEING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: moved under palpitation
both feet, 2 separate occasions -

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-18-09

Time of Inspection: 6:55 PM Was the USDA present at the event? YES NO

Name of Contacted Management Representative Donna Dixon

[Signature]
TRAINER'S SIGNATURE

[Signature]
DQP SIGNATURE

1148
LIC. NO.

[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature]
DQP SIGNATURE

1148
LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2658

Name of Show/Sale Land of Sky Date 7-10-09

Address of Event Ag Center, Asheville N.C. 28715

Manager's Name & Address Bruce Witt b(6)

Class No. 22 Entry No. 458 Entry Name I.F.K. Again

Entry's Sex H. Color Sorrel Age 5 Marking(s) _____

Entry Trainer & Address Eddie Baycon b(6)

Twisted Exhibitor & Address Jordan Dean b(6)

Owner & Address Mona Dean b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: palpation on outside of left foot

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 5:30

Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce Witt

X Eddie Baycon
Mona Dean
TRAINER'S SIGNATURE

Donald E. Todd 1015
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2659

Name of Show/Sale Land-o-Sky Summer Festival Horse Show 7-10-09

Address of Event Western NC Ag Center Show Arena Asheville, NC 28715

Manager's Name & Address Bruce B. Whitt (b)(6)

Class No. 28 Entry No. 315 Entry Name Dark Spirits Mac Daddy

Entry's Sex G Color Blk Age 6 Marking(s) (b)(6)

Entry Trainer & Address Sasha Tefft (b)(6)

Exhibitor & Address Sasha Tefft (b)(6)

Owner & Address Heather Taylor (b)(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: Unacceptable locomotion

Reason for Disqualification & DQP'S Findings: Found Horse to be lame in right foot

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 6:30 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Sasha Tefft
TRAINER'S SIGNATURE

Donald E. Spald 1015
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2660

Name of Show/Sale Land of Sky Date 7-10-09

Address of Event Ag Center Asheville NC 28715

Manager's Name & Address Bruce Witt b(6)

Class No. 34 Entry No. 427 Entry Name Stocked with Cash

Entry's Sex ♂ Color B Age 8 Marking(s) ---

Entry Trainer & Address J. Spoon b(6)

Inv. Le. Exhibitor & Address Daniel Spoon b(6)

Owner & Address Daniel Spoon b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOENING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: Found Reaction on Top of Left Foot

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 7:00 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce Witt

J. Spoon
TRAINER'S SIGNATURE

Daniel E. Ladd 1015
DQP SIGNATURE LIC. NO.

^
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2811

Name of Show/Sale Land-o-Sky Date 7-11-09

Address of Event Aq Center Asheville N.C. 28715

Manager's Name & Address Bruce Witt b(6)

Class No. 73 Entry No. 714 Entry Name LOKI Unleashed

Entry's Sex A Color Sorrel Age 4 Marking(s) 4 Starry Eye

Entry Trainer & Address Adam Ramsey b(6)

Exhibitor & Address same as

Owner & Address Hellie Williams b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

- BILATERAL SORE
- FOREIGN SUBSTANCE
- PRESSURE SHOEING
- EQUIPMENT VIOLATION
- Describe _____
- SCAR VIOLATION
- UNRULY/FRACTIOUS HORSE
- UNILATERAL SORE
- OTHER: Open Lesion

Reason for Disqualification & DQP'S Findings: found Bleeding Behind on Right lead.

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-09
Time of Inspection: 830 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce Witt

Adam Ramsey
TRAINER'S SIGNATURE

Donald E. Gold 1015
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2812

Name of Show/Sale Land-O-Sky Date 7-11-09

Address of Event Western NC. Ag. Center Show arena Asheville

Manager's Name & Address Bruce B. Whitt ^{b(6)}

Class No. 75 Entry No. 494 Entry Name Parole Watch 20604111 ^{b(6)}

Entry's Sex A Color Brown Age 3 Marking(s) —

Entry Trainer & Address Wes Alley ^{b(6)}

Exhibitor & Address Mike Klutz ^{b(6)}

Owner & Address C.B. & Linda Daughtridge ^{b(6)}

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES. ^{b(6)}
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

- BILATERAL SORE
- PRESSURE SHOETING
- SCAR VIOLATION
- UNILATERAL SORE
- FOREIGN SUBSTANCE
- EQUIPMENT VIOLATION
Describe _____
- UNRULY/FRACTIOUS HORSE
- OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-09
Time of Inspection: 905 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Wes Alley
TRAINER'S SIGNATURE
Wes Alley

Daniel E. Froel
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 1266

Name of Show/Sale Land-O-Sky Summer Festival Horse Show Date 7-10-09

Address of Event Western N.C. Ag Center Show Areas Asheville N.C. 28715

Manager's Name & Address Bruce Whitt b(6)

Class No. 43 Entry No. 487 Entry Name Papi's Master Mark

Entry's Sex G Color Blk Age 12 Marking(s) None

Entry Trainer & Address Grover Golden b(6)

Exhibitor & Address Same as Above (Billy Patrick) b(6)

Owner & Address Same as Above, Trainers b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 8:34 PM Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce Whitt

Billy Patrick
TRAINER'S SIGNATURE

[Signature] 1030
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2649

Name of Show/Sale Land-O-Hay Date 7-9-09

Address of Event Western N.C. Ag Center Show

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 8 Entry No. 760 Entry Name My Lucky Color 976337

Entry's Sex S Color SOB Age 11 Marking(s) ---

Entry Trainer & Address Wayne Conley b(6)

Exhibitor & Address Darviele Ricker SAME AS BELOW b(6)

Owner & Address Darviele Ricker b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

- BILATERAL SORE
- PRESSURE SHOEING
- SCAR VIOLATION
- UNILATERAL SORE
- FOREIGN SUBSTANCE
- EQUIPMENT VIOLATION
Describe
- UNRULY/FRACTIOUS HORSE
- OTHER: Illegal shoeing 1 1/2 inch pad.

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall
Date of Inspection: 7-9-09
Time of Inspection: 7:15 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Wayne Conley
TRAINER'S SIGNATURE Rocky McEwen 1011
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2650

Name of Show/Sale Land-o-Sky Date 7-10-09

Address of Event Western NC Ag Center Show Arena Asheville, NC

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 21 Entry No. 467 Entry Name Lucky Sadie

Entry's Sex M Color S Age 7 Marking(s) BLAZE FACE TWO WHITE FEET BROS

Entry Trainer & Address Freida Widner b(6)
~~Jerry Highsmith~~

Exhibitor & Address Jerry Highsmith b(6)

Owner & Address JACKSON GRATTIN b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 520 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Freida Widner
TRAINER'S SIGNATURE

Ruby M. Connor 1211
DQP SIGNATURE

LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWAH-HIO VIOLATION REPORT

NO. 2721

Name of Show/Sale Land-O-Sky Date 7-10-09

Address of Event Western NC. Ag. Center Show Arena Asheville

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 23 Entry No. 316 Entry Name Major Leagues Sugar Babe

Entry's Sex M Color S Age 4 Marking(s) Blaze Face White Back Foot

Entry Trainer & Address Gene Witt b(6)

Exhibitor & Address Same b(6)

Owner & Address Same

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOERING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: withdrew to Both Front Feet

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 5:30 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Gene Witt
TRAINER'S SIGNATURE

Ricky McCombs 1011
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

John Combs 1030
DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2722

Name of Show/Sale Land-o-Sky Date 7-10-09

Address of Event Western NC Ag Center Show Arena Asheville, NC

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 45 Entry No. 468 Entry Name The Jazzhouse

Entry's Sex G Color B Age 11 Marking(s) Star White Right Back foot

Entry Trainer & Address Paul Blackburn b(6)

Exhibitor & Address Leslie Dotson Same as Below b(6)

Owner & Address Leslie Dotson b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-10-09

Time of Inspection: 8:50 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Paul Blackburn

TRAINER'S SIGNATURE

Ricky McCann 1011

DQP SIGNATURE

LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2723

Name of Show/Sale Land-O-Sky Date 7-11-09

Address of Event Western NC. Ag Center Show Arena Asheville, NC

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 59 Entry No. 450 Entry Name SAK 20709102

Entry's Sex S Color B Age 2 Marking(s) Star

Entry Trainer & Address Derek Monahan b(6)

Exhibitor & Address Same As Above b(6)

Owner & Address Rum Folger b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-

Time of Inspection: 3:50 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Derek Monahan
TRAINER'S SIGNATURE

Recky McCombs 1011
DQP SIGNATURE LIC. NO.

John Kaufman
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2724

Name of Show/Sale Land-O-Spy Date 7-11-09

Address of Event Western NC Ag Center New Arena Asheville, NC

Manager's Name & Address Bruce B. Whitt ^{b(6)}

Class No. 78 Entry No. 319 Entry Name Im A Blockbuster 20311781

Entry's Sex S Color B Age 5 Marking(s) STAR

Entry Trainer & Address Jimmy Saults ^{b(6)}

Exhibitor & Address Same as Above ^{b(6)}

Owner & Address Same as Above

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: _____

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-09

Time of Inspection: 9:20

Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

James M Saults
TRAINER'S SIGNATURE

Ricky M Connor 1011
DQP SIGNATURE LIC. NO.

JAMES M SAULTS
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2725

Name of Show/Sale Land-O-Sky Date 7-11-09

Address of Event Western NC Ag Center Show Arena Asheville, NC

Manager's Name & Address Bruce B. Whitt b(6)

Class No. 90 Entry No. 450 Entry Name Nightfall At The Ritz 20314099

Entry's Sex Stallion Color B Age 5 Marking(s) STAR

Entry Trainer & Address Derek Monahan b(6)

Exhibitor & Address Same as above

Owner & Address Rum Folger b(6)

**NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:**

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: With draw to palpation on left foot outside

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-09

Time of Inspection: 9:45 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Bruce B. Whitt

Derek Monahan
TRAINER'S SIGNATURE

Ricky McE... 10K
DQP SIGNATURE LIC. NO.

[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2580

Name of Show/Sale METCALFE Co FAIR H.S. Date 7-11-09

Address of Event Edmonton Ky - Fairgrounds

Manager's Name & Address JACKIE YOUNG b(6)

Class No. 13 Entry No. 30 Entry Name ON THE LINE

Entry's Sex M Color B Age 2 Marking(s) SNIP

Entry Trainer & Address Lucas Turcotte b(6)

Exhibitor & Address Mike Foyce b(6)

Owner & Address Jay Mullins WAYNESBURG b(6)
Starford b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION: b(6)

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: OUT ON SCAR Rule

Behind - BOTH Feet

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7/11/09

Time of Inspection: 8:31 PM Was the USDA present at the event? YES NO

Name of Contacted Management Representative JACKIE YOUNG

[Signature]
TRAINER'S SIGNATURE

[Signature]
DQP SIGNATURE

Polard 10015
LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWAH-HIO VIOLATION REPORT

NO. 2366

Name of Show/Sale Ewing Fleming Fair Date 7-11-09

Address of Event Ewing J KY Fairgrounds

Manager's Name & Address Angie Black b(6)

Class No. 22 ~~002~~ Entry No. 471 Entry Name Go Boys Pride of JFK

Entry's Sex S Color spotted Age 3 Marking(s) SPOTTED

Entry Trainer & Address Ernie Truesdell b(6)

Exhibitor & Address Ernie Truesdell b(6)

Owner & Address Edlie Walkinsford b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES. CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOEING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER Unacceptable Locomotion

Reason for Disqualification & DQP'S Findings: Horse led cramped up with head out Around cone and in straight stretch

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-11-09

Time of Inspection: 8:50pm Was the USDA present at the event? YES NO

Name of Contacted Management Representative Angie Black b(6)

Ernie Truesdell
TRAINER'S SIGNATURE

Rogally
DQP SIGNATURE

1140
LIC. NO.

Ernie Truesdell
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 1640

Name of Show/Sale Adair Co Fair & Horse Show July 3, 2009

Address of Event Adair Co. Fair Grounds Columbia, Ky

Manager's Name & Address Greg Thomas b(6)

Class No. 3 Entry No. 121 Entry Name GAANE FACE

Entry's Sex G Color Ross Age 2 Marking(s) Blaze Face Stocking legs
OPR Ropes

Entry Trainer & Address Clayton Crowley b(6)

Exhibitor & Address " " b(6)

Owner & Address Clayton & Pamela b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES.
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOETING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: SHOE

Reason for Disqualification & DQP'S Findings: Shoe to large

1/2 X 1 1/2

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: July 3, 2009

Time of Inspection: 6:50 Was the USDA present at the event? YES NO

Name of Contacted Management Representative Clayton Crowley

Clayton Crowley
TRAINER'S SIGNATURE

[Signature] 1007
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP SIGNATURE

LIC. NO.

KWHA-HIO VIOLATION REPORT

NO. 2312

Name of Show/Sale Adair Co. Horse Show Date 7-3-09

Address of Event Adair Co Fairgrounds Columbia Ky 42728

Manager's Name & Address Greg Thomas b(6)

Class No. 15 Entry No. 311 Entry Name Designers' Original

Entry's Sex M Color BLK Age 8 Marking(s) None

Entry Trainer & Address Billy Joe Hayes b(6)

Exhibitor & Address Jordan Caudill b(6)

Owner & Address Loretta Jones b(6)

NOTICE: REGULATIONS REQUIRE COMPLETE NAMES & ADDRESSES. b(6)
CIRCLE THE FOLLOWING APPLICABLE VIOLATION:

BILATERAL SORE

FOREIGN SUBSTANCE

PRESSURE SHOEING

EQUIPMENT VIOLATION

Describe _____

SCAR VIOLATION

UNRULY/FRACTIOUS HORSE

UNILATERAL SORE

OTHER: _____

Reason for Disqualification & DQP'S Findings: foreign substance sent back collected

CHECK ONE OF THE FOLLOWING: Preshow Postshow Recall

Date of Inspection: 7-3-09

Time of Inspection: 8:33 Was the USDA present at the event? YES NO

Name of Contacted Management Representative _____

Billy Joe Hayes
TRAINER'S SIGNATURE

Jordan Caudill 1041
DQP SIGNATURE LIC. NO.

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

DQP SIGNATURE _____

LIC. NO. _____

x



JT/KR

28391

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr. Bayle Meadows

Horse's Name Sun-Dust With Attitude Registration Number 19910095
Age _____ Sex _____ Color _____
Markings Per TWHBEA'

Horse Owner Rachel Castaldi Daytime Phone _____
Mailing Address [REDACTED]
City, State Princeton, NJ Zip _____

Horse Trainer Jackie McConnell Trainer's License # 88119
Chris Alexander
Mailing Address [REDACTED]
City, State [REDACTED]
Daytime Phone Union City, TN

10/10/09

Horse Exhibitor Mary Medina Amateur/Juvenile # 0487
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1434 Exhibitors Class No. 83
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule - MPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

Chris Alexander
TRAINER'S SIGNATURE

[Signature] 203
Trainer's Signature / License #
Ken Nantz #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

28366

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/26/09

Name of Show ²⁰⁰⁹ TW HBEA National Futurity
City, State Shelbyville
Show Manager _____

Horse's Name Jessie Frank James Registration Number 20705170
Age _____ Sex _____ Color _____

Markings Per TW HBEA: 4-J ~~88~~ ~~Richard~~ b(6), (PI)

Horse Owner 4-J Land + Cattle Daytime Phone _____
Mailing Address _____
City, State Waynesville MO Zip 65583
7008 2810 0002 4323 5454

Horse Trainer Louise Leverette Trainer's License # _____
Mailing Address _____
City, State Waynesville MO Zip 65583
Daytime Phone _____

10/13/09

Horse Exhibitor Joe Haughlin Amateur/Juvenile # _____
Mailing Address _____
City, State Waynesville MO Zip 65583

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 7 Exhibitors Class No. 1
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 5:19 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal shoeing

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # [Signature]

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



2809T

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson

Horse's Name Fan Fear Registration Number 2061153
Age _____ Sex _____ Color _____
Markings TWHBEH

Horse Owner Dick & Sally Reileu Daytime Phone _____
Mailing Address _____
City, State Lewisburg, TN Zip 37091

9/1/2009
Horse Trainer Jackie Byrom Trainer's License # 031301
Mailing Address _____
City, State Tullahoma, TN Zip _____
Daytime Phone _____

Horse Exhibitor Sally Reileu Amateur/Juvenile # 116509
Mailing Address _____
City, State Lewisburg, TN Zip 37091

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 125 Exhibitors Class No. 7
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 1st Time 7:12 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore HPA
Both DQPs + DR Mullins

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jackie Byrom TRAINER'S SIGNATURE
Roy Ferguson #209 DQP'S SIGNATURE / LICENSE #
Scott Davis #208

CUSTODIAN OR ASSISTANT'S SIGNATURE



28095

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show War trace Horse Show
City, State War trace, TN
Show Manager Ray Ferguson Jr

Horse's Name Exclusive Gold Registration Number 941705

Age Sex Color

Markings Karmen Miller

TWHBA

Wendy Owenby

Horse Owner Zachary Swafford (Juvenile) Daytime Phone

Mailing Address

City, State Pikeville, TN Zip 37367

Horse Trainer Jimmy Swafford Trainer's License # 2035

Mailing Address

City, State Pikeville, TN Zip 37367

Daytime Phone

Horse Exhibitor Zachary Swafford Amateur/Juvenile # 2036

Mailing Address

City, State Pikeville TN Zip 37367

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 137 Exhibitors Class No. 7B Class Description

B. Sale or Auction Tag

Inspection Date 8/1/09 Time 7:10 A.M. - P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore Left foot MPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: [Signature]
DQP's Signature / License #: [Signature] #209

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE 'PROVIDING FALSE INFORMATION' RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy - Yellow - DQP Copy - Pink - Trainer's Copy

TE/KA



28398

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/30/09

Name of Show 71st Annual JWH NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Pushin Tunica Registration Number 20009320
Age _____ Sex _____ Color _____

Markings _____ b(6) _____
Per TWBREA: Ken Wilson -

Horse Owner Larry & Pat Mule Daytime Phone _____
Mailing Address _____ b(6) _____
City, State Cordwacker MS Zip 38618
Memphis TN 38114

Horse Trainer Greg Mauney Trainer's License # 92596
Mailing Address _____ b(6) _____
City, State Cordwacker MS Zip 38618
Daytime Phone _____

10/10/09

Horse Exhibitor _____ b(6) _____ (Juvenile) Amateur/Juvenile # 2161
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1412 Exhibitors Class No. 84B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 7:15 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Score Rule HFA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

#209

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28414

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Santana's Fancy Registration Number 20505742
Age _____ Sex _____ Color _____

Markings
Per TWHBEA: Will + Jennifer Allen

Horse Owner Jennifer Allen Daytime Phone _____
Mailing Address b(6)
City, State Pilot Mtn, NC Zip 27041

10/10/09 ✓

Horse Trainer Jeff Monahan Trainer's License # AA42208
Mailing Address b(6)
City, State Evahoe VA Zip 24350
Daytime Phone _____

Horse Exhibitor Jennifer Allen Amateur/Juvenile # _____
Mailing Address _____
City, State Pilot MTN NC Zip 27041

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1701 Exhibitors Class No. 90B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 9:20 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE
[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
Will Ed #100
Ken Not #207

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000032

151



28415

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWA NE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name JFK's Fancy lady Registration Number 20109908
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Joe Laughlin Jesse Laughlin b(6)

Horse Owner 4-J Land + Cattle Co Daytime Phone _____
Mailing Address b(6)
City, State Waynesville, MO Zip 65583

10/10/09

Horse Trainer Ferry Laughlin Trainer's License # _____
Mailing Address b(6)
City, State Waynesville MO Zip 65583
Daytime Phone _____

Horse Exhibitor Jessie Laughlin Amateur/Juvenile # 235309
Mailing Address b(6)
City, State Waynesville MO Zip 65583

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1742 Exhibitors Class No. 88
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:15 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR RULE HPA
POST

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
Toy Club #209

TE

SHOW

28416

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr. Doyle Meadows

Horse's Name John Orlando Registration Number 9810851
Age _____ Sex _____ Color _____

Markings Pen TWHBEA: Linda Patton - b(6)

Horse Owner Lisa Evans Daytime Phone _____
Mailing Address b(6)
City, State MT Sterling, KY Zip 40353

✓
10/1/09
10/1/09

Horse Trainer Mike Oney Trainer's License # 93692
Mailing Address b(6)
City, State MT Sterling KY Zip 40353
Daytime Phone _____

Horse Exhibitor Lisa Evans Amateur/Juvenile # 093909
Mailing Address b(6)
City, State MT Sterling KY Zip 40353

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 779 Exhibitors Class No. 91
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 9:25 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore Left Foot up front
HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # P. Ealey 214
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28417

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 08/30/09

Name of Show 71st Annual TWHNE
City, State Shelbyville In 37183
Show Manager DR Duylle Meadows

Horse's Name TERRORE ON the Border Registration Number 20501030
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Wink & Nancy Bauer Daytime Phone _____
Mailing Address (b)(6)
City, State Longview TX Zip 75605

Horse Trainer Slim Moore Trainer's License # 93712
Mailing Address (b)(6)
City, State Dawson GA Zip 39842
Daytime Phone _____

10/10/09

Horse Exhibitor Nancy Bauer Amateur/Juvenile # 1022
Mailing Address (b)(6)
City, State Longview TX Zip 75605

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1648 Exhibitors Class No. 90B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:32 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance NO SHOW
Correct & Showed

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

P. Eddy #214
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28418

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Fixin To Storm Registration Number 20202189
Age _____ Sex _____ Color _____
Markings Per TWHBEA

Horse Owner Judy Allen Daytime Phone _____
Mailing Address _____
City, State Shelbyville, TN Zip 37160

10/10/09

Horse Trainer Jonathan Allen Trainer's License # 061480
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Judy Allen Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 3053 Exhibitors Class No. 91
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 9:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign substance

(Office Use Only): corrected + showed

DQP notified Show Management that such horse was excused or disqualified.
Jon Allen TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28419

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name I'm Bob Hope Registration Number 20305089
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Don LeNeve

Horse Owner The Don LeNeve Family Daytime Phone _____
Mailing Address [REDACTED]
City, State Butler MO Zip 64730

✓
10/10/09

Horse Trainer Deek Price Trainer's License # 081529
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Tamee LeNeve - Heiman License # 1122-09
Mailing Address [REDACTED]
City, State Butler MO Zip 64730

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 391 Exhibitors Class No. 91
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance Block of
found Corrected + Passed

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 201

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



KN

28420

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TWHNA
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Mayday Jazz Registration Number 2030144
Age _____ Sex _____ Color 20301344

Markings Per TWHBEA: Dr Raymond Caughman, Jr b(6)

Horse Owner Quentin Fox Family Daytime Phone b(6)
Mailing Address b(6)
City, State Cookeville, TN

Horse Trainer Joey Chubb Trainer's License # 93651
Mailing Address b(6)
City, State Burdeslown TN Zip 38549
Daytime Phone _____
10/10/09

Horse Exhibitor Abby Fox Amateur/Juvenile # _____
Mailing Address b(6)
City, State Cookeville TN Zip 38501

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 551 Exhibitors Class No. 91
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 9:40 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
Joey Chubb TRAINER'S SIGNATURE
Will Eds #100 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE
Ken Moore #201



28433

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Worth A Buck Registration Number 20312261
Age _____ Sex _____ Color _____
Markings Pe TWHBEA'

Horse Owner Beverly Sherman Daytime Phone _____
Mailing Address _____
City, State Dallas TX Zip 75230

10/10/09
Horse Trainer Todd Claborn Trainer's License # 991083
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Kelly Sherman Amateur/Juvenile # 0808-09
Mailing Address _____
City, State Dallas TX Zip 75230

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 489 Exhibitors Class No. 115
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:47 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

Todd Claborn
TRAINER'S SIGNATURE
Todd Claborn
CUSTODIAN OR ASSISTANT'S SIGNATURE

John P. [Signature] #76
DQP'S SIGNATURE / LICENSE #

+

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28434

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DQP TICKET

Date 8/31/09

Name of Show 71st Annual IAWHC
City, State Shelbyville TN
Show Manager DR Doyle Meadows

Horse's Name Royal Fortune Registration Number 20309957
Age _____ Sex _____ Color _____

Markings Per TWHBA: Mark Coxall - b(6)

Horse Owner Maria Derickson Daytime Phone _____
Mailing Address b(6)
City, State Wartrace TN Zip 37183

10/10/09

Horse Trainer Brad Beard Trainer's License # 31297
Mailing Address b(6)
City, State Wartrace TN Zip 37183
Daytime Phone _____

Horse Exhibitor Maria Derickson Amateur/Juvenile # _____
Mailing Address b(6)
City, State Wartrace TN Zip 37183

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 722 Exhibitors Class No. _____
Class Description 115
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:49 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral HPIA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Brad Beard TRAINER'S SIGNATURE
Butterfly DQP'S SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X



28435

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-31-09

Name of Show 71st Annual TWH NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jase's Favorita Registration Number 2040556
Age _____ Sex _____ Color 20305971

Markings Per TWHBEA: Est of Ray Jones

Horse Owner Ray Jones Trucking, Inc Daytime Phone _____
Mailing Address _____
City, State Greenville, KY Zip 42345

10/10/09 Horse Trainer Chad Way Trainer's License # 89430
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Grant Jones Amateur/Juvenile # 2093-09
Mailing Address _____
City, State Greenville KY Zip 42345

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 859 Exhibitors Class No. 115
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-31-09 Time 9:45 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Sear Rule - HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28436

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DQP TICKET

Date 8/31/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Gold Dancer Registration Number 19912588
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Becky Gilmer Daytime Phone _____
Mailing Address _____
City, State Toone, TN ~~38381~~ Zip 38381

Horse Trainer Bart Gilmer Trainer's License # 041217
Mailing Address _____
City, State Toone TN Zip 38381
Daytime Phone _____

10/10/09

Horse Exhibitor Becky Gilmer Amateur/Juvenile # _____
Mailing Address _____
City, State Toone TN Zip 38381

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 503 Exhibitors Class No. 112
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:55 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SEAR RULE HPA
POST

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28437

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DQP TICKET

Date 8-31-09

Name of Show 71st Annual TWHNE

City, State Shelbyville TN

Show Manager De Doyle Meadows

Per TWHBEA:

Horse's Name Jose's Whole Shabang Registration Number 2040572

Age _____ Sex _____ Color _____

Markings _____

Per TWHBEA: Joyce Meadows

Horse Owner J+J Enterprises Daytime Phone _____

Mailing Address _____

City, State Atlanta, GA + Shelbyville Zip _____

Horse Trainer Charlie Green Trainer's License # _____

Mailing Address _____

City, State Shelbyville TN 37160 Zip _____

Daytime Phone _____

Horse Exhibitor Joyce Myers Amateur/Juvenile # 4000-09

Mailing Address _____

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1456 Exhibitors Class No. 115
Class Description _____

B. Sale or Auction Tag _____

Inspection Date Aug 31 09 Time 10:15 A.M. PM (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE
[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
[Signature]

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000043



28438

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/31/09

Name of Show 71st Annual TWH, NC
City, State Shelbyville TN
Show Manager Dr D

Per TWHBEA: [Signature]
Horse's Name Hosanna / Miss Hosanna Registration Number 20105700
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: [Signature]

Horse Owner Louis Hawksmith Daytime Phone _____
Mailing Address [Redacted]
City, State Tullahoma TN Zip 37388

Horse Trainer Larry Edwards Trainer's License # 88067
Mailing Address [Redacted]
City, State Dawson GA Zip 39842
Daytime Phone _____

10/10/09

Horse Exhibitor Larry Edwards Amateur/Juvenile # _____
Mailing Address [Redacted]
City, State Dawson GA Zip 39842

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1646 Exhibitors Class No. 113
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 10:20 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR RULE HPA
POST

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Larry Edwards TRAINER'S SIGNATURE
John [Signature] DQP'S SIGNATURE / LICENSE # 83

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000044

X



28421

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show 71st Annual TNWHC

City, State Shelbyville In

Show Manager Dr Doyle Meadows

Pen TWHBEA: I'm Breakin' Bad

Horse's Name I'm Breaking Bad Registration Number 20463734

Age Sex Color

Markings

Pen TWHBEA: Richard Greer

Horse Owner Richard + Gail Greer Daytime Phone

Mailing Address

City, State Lenoir NC - Shelbyville Zip 88197

Horse Trainer Ronald Young Newnan Farms (Carl J Bledsoe) Trainer's License # 88035

Mailing Address

City, State

Daytime Phone

Horse Exhibitor Ronald Young Bell Buckle TN Amateur/Juvenile # 88197

Mailing Address

City, State Bell Buckle TN Zip 37020

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1734 Exhibitors Class No. 107 Class Description

B. Sale or Auction Tag

Inspection Date 8/31/09 Time 7:30 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

Picture on Show Camera

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE Donald Blaker CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # Will Eubank #100 Terry Eubank #209

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOIA 19-042-000045

White - NHSC Conv - Yellow - DQP Conv - Pink - Trainer's Conv



28425

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Per TWHBEA: Jazz Talkin Registration Number 20703021
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Beverly Sherman Daytime Phone _____
Mailing Address _____
City, State Dallas, TX 75230 Zip 95752

Horse Trainer Jeff Dockery Trainer's License # _____
Mailing Address _____
City, State Boileville TN Zip 38027
Daytime Phone _____

Horse Exhibitor Kelly Sherman Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 3058 Exhibitors Class No. 107C
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 7:30 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Horse reared a right foot Pocket 4 Bull's
unilateral Sole H.P.A

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #100
CUSTODIAN OR ASSISTANT'S SIGNATURE _____ 207



28426

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-31-09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN

Show Manager De Doyle Meadows
Per TWHBEA: The Lady Has Connections

Horse's Name The Sadie Lot Connection Registration Number 20200908
Age _____ Sex _____ Color _____

Markings
Per TWHBEA: Jim + Heidi McWilliams

Horse Owner McWilliams Realty Auction Phone _____
(b)(6)

Mailing Address _____
City, State Cookeville TN Zip 38501

Horse Trainer Joey Clayborn Trainer's License # 93651

Mailing Address (b)(6)
City, State Burdston, TN Zip 38549
Daytime Phone _____

Horse Exhibitor Heidi McWilliams Amateur/Juvenile # 0992-09

Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 552 Exhibitors Class No. 110
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 8:26 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE
[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
[Signature] / 207

JB



28427

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-31-09

Name of Show 71st Annual TWHNC
City, State Shelbyville
Show Manager Mr Doyle Meacham

Horse's Name DragonFly Registration Number 20009775
Age _____ Sex _____ Color _____
Markings Pa TWHBEA:

Horse Owner Rachel Castaldi Daytime Phone _____
Mailing Address (b)(6)
City, State Princeton, NJ Zip 08558
Skillman

Horse Trainer Jimmy McConnell Trainer's License # 58119
Mailing Address (b)(6)
City, State Union City TN Zip 38261
Daytime Phone _____
10/10/09

Horse Exhibitor Jimmy McConnell Amateur/Juvenile # _____
Mailing Address (b)(6)
City, State Union City TN Zip 38261

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1432 Exhibitors Class No. 109
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-31-09 Time 8:30 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule - HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] # _____
DQP'S SIGNATURE / LICENSE #
[Signature]

X



28428

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name BEEBEE King Registration Number _____
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Rachel Castaldi Daytime Phone _____
Mailing Address _____
City, State Princeton NJ Zip 08558
Skillman

Horse Trainer Chris Alexander Trainer's License # 061472
Mailing Address _____
City, State Union City IN Zip 38261
Daytime Phone _____
10/10/09

Horse Exhibitor Mary Medina Amateur/Juvenile # _____
Mailing Address _____
City, State Skillman NJ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1433 Exhibitors Class No. _____
Class Description 111
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 850 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Chris Alex TRAINER'S SIGNATURE
Beth Show 208 DQP'S SIGNATURE / LICENSE #
Will Edus #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

10



28429

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/31/09

Name of Show 71st Annual TENNESSEE
City, State _____
Show Manager _____

Horse's Name I'm Money Hungry Registration Number 20407113
Age _____ Sex _____ Color _____

Markings Per THURBEA: Jay Melton - 315 Harvey St - Columbia, KY 42728

Horse Owner Andy Withers Family Daytime Phone _____
Mailing Address _____
City, State Columbia Ky Zip 42728

10/10/09

Horse Trainer Andy Withers Trainer's License # AA 40608
Mailing Address _____
City, State Columbia Ky Zip 42728
Daytime Phone 270 250 2714

Horse Exhibitor Alexis Tooley Farm Amateur/Juvenile # Pending
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 163 Exhibitors Class No. 112
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:01 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scare Rule NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE LICENSE # _____



28430

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show TWHNC
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Per TWHBEA:

Horse's Name John FK's Pusher Registration Number 9710383
Age _____ Sex _____ Color 9710382
Markings _____

Per TWHBEA: Bruce Macdonald

Horse Owner Bruce + Robin Macdonald
Mailing Address _____
City, State Mableton, GA Zip 30126

Horse Trainer ZAC Wilson Trainer's License # 021219
Mailing Address _____
City, State Shelbyville Zip _____
Daytime Phone _____

10/10/09

Horse Exhibitor Robin McDonald Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1671 Exhibitors Class No. 111
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:05 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore Shave Rule
LF Foot

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # 100

X



28431

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/31/09

Name of Show 11th Annual TWHNS
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name The Concealed Weapon Registration Number 19903778
Age _____ Sex _____ Color _____
Markings _____

Pa TWHBEA:

Horse Owner Robert Pollack Daytime Phone _____
Mailing Address _____
City, State Saratoga CA Zip 95070

10/10/09

Horse Trainer Marvin North Trainer's License # 97930
Mailing Address _____
City, State Arrington TN Zip 37914
Daytime Phone _____

Horse Exhibitor Patti Pollack Amateur/Juvenile # 0900-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 1839 Exhibitors Class No. 112
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:18 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

Will Eberd #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



28432

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/31/09

Name of Show 71st Annual Twit NC
City, State Shelbyville
Show Manager Dr Doyle Meadows

Horse's Name Blues Que Registration Number 20109167
Age _____ Sex _____ Color _____

Markings Put TBHBEA: Larry + Linda Fev-

Horse Owner Mr + Mrs Larry Fev ^{b(6)} _____ 9
Mailing Address _____
City, State Six mile, S.C. Zip 29682

10/10/09
Horse Trainer Larry Harrell Trainer's License # 91532
^{b(6)} _____
Mailing Address _____
City, State Phenix City Ah Zip 36869
Daytime Phone _____

Horse Exhibitor Larry Harrell Amateur/Juvenile # _____
^{b(6)} _____
Mailing Address _____
City, State Phenix City Ah Zip 36869

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 603 Exhibitors Class No. 113
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 9:20 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
Bruce Carter
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #209

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual TWHNC
City, State Shelbyville TN Inspection Date 8/31/09
Show Manager Dr Doyle Meadow Inspection Time 9:15 A.M. P.M.
(circle one)

Horse's Name MOONSHINE MAN Registration # 20511670
Per TWHBA 20501428

Horse Owner Robert Cunningham Daytime Phone _____
Address _____
City, State Talladega AL Zip 35160

Horse Trainer Jackie Smith Trainer's Lic. # A92154
Address _____
City, State Pulaski TN Zip 38478

Horse Exhibitor JAKIE SMITH A92154
Address _____
City, State _____ Zip _____
Exhibitor's # / Sale or Auction Tag # 595 Class # 94

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.) Inconsistent Palpation / INCON. Hoof fest

Unacceptable - Other _____

EJ
DQP's Initials

Show management notified

X



28367

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TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNC
City, State Shelbyville In
Show Manager Dr Doyle Meadows

Horse's Name First Class Diamond Registration Number 972618
Age Sex Color
Markings

Per TWHBEA:

Horse Owner Ashlen Mau Daytime Phone
Mailing Address
City, State Gallatin, TN Zip 37066

Horse Trainer Rusty Rupp Trainer's License # 88052
Mailing Address
City, State Goodlesville TN Zip 37072
Daytime Phone 1

Horse Exhibitor Ashlen Mau Amateur/Juvenile #
Mailing Address
City, State Gallatin TN Zip 37066

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1358 Exhibitors Class No. 76
Class Description
B. Sale or Auction Tag

Inspection Date 8-29-09 Time 7:45 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Score Rule MRA
pictures on SHOW camera

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

Trainer's Signature

DQP's Signature / License #

CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28368

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71ST TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Santa Monica Registration Number 20202894
Age _____ Sex _____ Color _____

Markings Per TWHBA: Cohen Abernathy, Jackson Davis, Carrie Craft + Jim Richmond

Horse Owner Jim Richmond Daytime Phone _____
Mailing Address _____
City, State Crockett, TX Zip 75835

10/12/09

Horse Trainer Jeffery Dockery Trainer's License # 95752
Mailing Address _____
City, State Collierville TN Zip 38027
Daytime Phone _____

Horse Exhibitor Dillion SAIN Amateur/Juvenile # 0635-09
Mailing Address _____
City, State Shelbyville TN Zip 37168

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 637 Exhibitors Class No. 76
Class Description 76
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 7:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #100
CUSTODIAN OR ASSISTANT'S SIGNATURE _____ P. Ealey 214

X



28369

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show 71st TWIWE
City, State Shelbyville
Show Manager Dr Doyle Meadows

Horse's Name BROOKS ROBINSON Registration Number 20111029
Age _____ Sex _____ Color _____

Markings Pu TWHBEA

Horse Owner Linda Harkel Brown Daytime Phone _____
Mailing Address [REDACTED]
City, State Bell Buckle, TN Zip 37020

Horse Trainer BRANDON STOUT Trainer's License # 031274
Mailing Address [REDACTED]
City, State Shelbyville TN Zip _____
Daytime Phone _____

10/10/09

Horse Exhibitor Brandon Stout
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1298 Exhibitors Class No. 74
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 820 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule Past Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TE



28370

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name ONE Cool Lady Registration Number 20700380
Age _____ Sex ♀ Color _____
Markings _____
Per TWHBEA:

Horse Owner Beverly Sheeman Daytime Phone _____
Mailing Address [REDACTED]
City, State Dallas Texas Shelbyville Zip 75230

Horse Trainer Jeff Dockery Trainer's License # 95752
Mailing Address [REDACTED]
City, State Collierville TN Zip 38027
Daytime Phone _____

Horse Exhibitor Brandon Stout Amateur/Juvenile # 031274
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37183

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 627 Exhibitors Class No. 77A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 8:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral right fore front

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jeff Dockery TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # #309

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28371

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TW4NE
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Horse's Name Lady Fitzgerald Registration Number 20705831
Age _____ Sex _____ Color _____

Markings Per TW4BEA: Dr. Ralph W. Simonton, III - 2823 Hwy 31 W South -

Horse Owner Joe Barnes Whitehouse, TN 37188
Mailing Address [REDACTED] Daytime Phone _____
City, State Pigeon Forge + Shelbyville Zip 37868

Horse Trainer Tim Gray Trainer's License # 88083
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160
Daytime Phone [REDACTED]

Horse Exhibitor Tim Gray Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1083 Exhibitors Class No. 77B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 8:30 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance & Showed

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



28372

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWITNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jose's Drama Queen Registration Number 20703051
Age _____ Sex _____ Color _____

Markings
Per TWIBEA: Larry Doyle

Horse Owner Larry + Pat Doyle Daytime Phone _____
Mailing Address b(6)
City, State Coldwater MS Zip 38114
Memphis, TN

10/10/09
Horse Trainer Greg Mooningham Trainer's License # 92596
Mailing Address b(6)
City, State Coldwater MS Zip 38618
Daytime Phone _____

Horse Exhibitor Greg Mooningham Amateur/Juvenile # _____
Mailing Address b(6)
City, State Coldwater MS Zip 38618

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1411 Exhibitors Class No. 77A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date _____ Time 8:33 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance HRA
NOT showing

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 209

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28374

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Olympic's Energizer Registration Number 964949
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Tim Napier

Horse Owner The Tim Napier Family Daytime Phone _____
Mailing Address _____
City, State Union, KY Zip 41091

10/10/09
Horse Trainer Brandon Stout Trainer's License # 031274
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Mandie Napier Amateur/Juvenile # 1652-09
Mailing Address _____
City, State Union KY Zip 41091

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1286 Exhibitors Class No. 78
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 8:40 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE Will Stout #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28375

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 29, 09

Name of Show 71st Annual JWH NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name V-Zone Registration Number 20403163
Age _____ Sex _____ Color _____

Markings Pen TBHBEA: Derwood Stewart & Rhonda Stewart - 1085 Mitchell Rd - MaMinnery: 11

Horse Owner Steve Trisdale Daytime Phone TN 37110
Mailing Address b(6)
City, State Baxter TN 38544 Zip b(6)
Dunlap, TN 37329

Horse Trainer Steve Trisdale Trainer's License # _____
Mailing Address b(6)
City, State Baxter TN Zip 38544
Daytime Phone _____
10/10/09

Horse Exhibitor Steve Trisdale Amateur/Juvenile # 242509
Mailing Address _____
City, State Same Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1329 Exhibitors Class No. 78
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 8:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE



28376

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 08/29/09

Name of Show TWINE
City, State Shelbyville, TN
Show Manager Dr. Boyle Meaders

Horse's Name Miss Mojito
Registration Number 20706686
Age Sex Color
Markings Per THMBEA!

Horse Owner Gail McConnell
Daytime Phone
Mailing Address
City, State Union City, TN
Zip 38261

10/10/09

Horse Trainer Dan Waddell
Trainer's License # 91537
Mailing Address
City, State Union City TN
Zip 38261
Daytime Phone

Horse Exhibitor Dan Waddell
Amateur/Juvenile #
Mailing Address Same
City, State
Zip

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1445 Exhibitors Class No. 77B
Class Description
B. Sale or Auction Tag

Inspection Date 8-29-09 Time 8:50 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scuffing

(Office Use Only):

[] DQP notified Show Management that such horse was excused or disqualified.
P. Ealey 214
DQP'S SIGNATURE / LICENSE #

TRAINER'S SIGNATURE
CUSTODIAN OR ASSISTANT'S SIGNATURE



28377

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show TWHHC
City, State Shelbyville, TN
Show Manager Dr. Doyle Meadows

Horse's Name Jacked Up Registration Number _____
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: Lee Wall + Mike McGartland
Horse Owner Lee + Mike McGartland Daytime Phone _____
Mailing Address b(6)
City, State Fort Worth, TX Zip 76107

Horse Trainer Chris Alexander Trainer's License # 061472
Mailing Address b(6)
City, State Union City, IN Zip 38261
Daytime Phone _____

Horse Exhibitor Lee McGartland Amateur/Juvenile # _____
Mailing Address b(6)
City, State Fort Worth, TX Zip 76107

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1465 Exhibitors Class No. 78
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 8:50 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Larry George CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # Will King #100
Sh... #207

TE



28378

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Dayle Meador

Horse's Name A SHOW DOWN Registration Number 20414004
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: J.W. Beard
Horse Owner J.W. Beard + Alex Way Showboat Products
Daytime Phone _____
Mailing Address _____
City, State Troy, AL Zip 36081

Horse Trainer Lorenzo Smith Trainer's License # A00450
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

10/10/09
10/23/09

Horse Exhibitor (Juvenile) Amateur/Juvenile # 2973
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1785 Exhibitors Class No. 80
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 9:00 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

UNILATERAL SENSITIVE Right foot
Bad Image

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 201

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



28379

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 29 09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Miss Midnight Rider Registration Number 20707262
Age _____ Sex _____ Color _____
Markings _____

Pen TWHBEA:
Horse Owner Ramsey Bullington Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Franklin, TN Zip 37064

Horse Trainer Philip Trimble Trainer's License # 98960
Mailing Address ^{b(6)} _____
City, State Pulaski TN Zip 38478
Daytime Phone _____

Horse Exhibitor Philip Trimble Amateur/Juvenile # _____
Mailing Address _____
City, State Same Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 586 Exhibitors Class No. 77A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 29 Time 9:10 A.M. P.M. (Circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rope Post Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE
[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] #207
DQP'S SIGNATURE / LICENSE #



28380

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Struttin Dumas Registration Number 20301068
Age _____ Sex _____ Color _____
Markings Per TWHBEA: Zach Lorange

Horse Owner Walk About Farm Daytime Phone _____
Mailing Address [REDACTED]
City, State Murfreesboro, TN Zip 37127

Horse Trainer Shane Porterfield Trainer's License # 2012-09
Mailing Address [REDACTED]
City, State Murfreesboro TN Zip 37127
Daytime Phone _____

Horse Exhibitor Shane Porterfield Amateur/Juvenile # 2012-09
Mailing Address SAME
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B): 1526
A. Exhibitors No. 15810 Exhibitors Class No. 80
Class Description _____
B. Sale or Auction Tag 8/29/09

Inspection Date 8/29/09 Time 9:16 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Sub. Scuffing HDA
USDA pulled off trailer

(Office Use Only):
 DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # [Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28381

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DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Sweeping up the Cash Registration Number 20115490
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA:

Horse Owner Vickie Koger + Linda Wheeler Daytime Phone _____
Mailing Address _____
City, State Tompkinsville, KY 42167 / Zip Maryville, TN 37803

Horse Trainer Harry Wheeler Trainer's License # 88188
Mailing Address _____
City, State Maryville TN Zip 37803
Daytime Phone _____

Horse Exhibitor Rodney Koger Amateur/Juvenile # 109909
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1321 Exhibitors Class No. 80
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 9:20 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature]
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. F01A-10-042-000068

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy



28382

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name STAR Moody Star Registration Number 20207893
Age Sex Color

Per TWHBEA: Wilrene Moody - b(6) Shelbyville, TN 37162

Horse Owner Candi McConnell Daytime Phone
Mailing Address b(6)
City, State Collierville, TN Zip 38027

Horse Trainer Jeffery Dockery Trainer's License # 95152
Mailing Address b(6)
City, State Collierville TN Zip 38027
Daytime Phone

10/10/09

Horse Exhibitor Chad Baucom Amateur/Juvenile #
Mailing Address
City, State Zip

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 636 Exhibitors Class No. 81B Class Description
B. Sale or Auction Tag

Inspection Date 8/29/09 Time 9:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore HPA (R)
Tony + Keith Davis

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28383

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DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWH No
City, State Shelbyville TN
Show Manager Shelbyville TN

Horse's Name Mister Pushbutton Registration Number 918287
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Mr. Baley F. Allred III & Mr. Franklin Beatty
↓
Kristlyn Beatty

Horse Owner The Fred Allred Family Daytime Phone (b)(6)
Mailing Address (b)(6)
City, State James town, TN 38556 Zip _____

Horse Trainer Scott Beatty Trainer's License # 89315
Mailing Address (b)(6)
City, State Byrds town TN Zip 38549
Daytime Phone _____

Horse Exhibitor Scott Beatty Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 558 Exhibitors Class No. 81A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 9:50 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Scott Beatty TRAINER'S SIGNATURE Will Edging #100 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



28384

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

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DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Poyle Meadows

Horse's Name King of the Jungle Registration Number 19907785
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Nestor Steward Stewart Daytime Phone _____
Mailing Address _____
City, State McMinnville, TN Zip 37110

10/10/09
Horse Trainer Charlie Green Trainer's License # 88262
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Charlie Green Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 1454 Exhibitors Class No. 81A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 10:12 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
unilateral HDA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28385

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DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name SHANGHAI RITZ Registration Number 20311872
Age _____ Sex _____ Color _____
Markings _____
Pen THURBEA

Horse Owner Laurie Herchenroder Daytime Phone _____
Mailing Address b(6)
City, State Harrodsburg Ky Zip 40330

Horse Trainer Allen McQuerry Trainer's License # 90459
Mailing Address b(6)
City, State Harrodsburg Ky Zip 40330
Daytime Phone _____

Horse Exhibitor Allen McQuerry Amateur/Juvenile # _____
Mailing Address b(6)
City, State Harrodsburg Ky Zip 40330

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 462 Exhibitors Class No. 81B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 10:15 A.M. (P.M. (circle one))
List the violation/violations that have resulted in the horse being disqualified or excused.
UNI-LATERAL Right foot sensitive

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE Sam Wells DQP'S SIGNATURE / LICENSE # 201

CUSTODIAN OR ASSISTANT'S SIGNATURE



28386

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name The Thug Registration Number 20503013
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: Mr. Luckey Easterling
Horse Owner Luckey Easterling Daytime Phone _____
Mailing Address [REDACTED]
City, State Mize, MS Zip 39116

Horse Trainer Josh Wright Trainer's License # 031294
Mailing Address [REDACTED]
City, State Brookhaven MS Zip 39666
Daytime Phone Summit MS

Horse Exhibitor Same as owner Amateur/Juvenile # 1454-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 479 Exhibitors Class No. 80
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 10:20 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule - post show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual TWHNC
City, State Shelbyville Inspection Date 8/30/05
Show Manager Dr Dafe Meadows Inspection Time _____ A.M. P.M.
(circle one)

Horse's Name Head of the Line Registration # 20501088

Per TWHBEA: Michael + Christine Spurlock b(6)

Horse Owner Drake Reynolds Home Phone _____
Address b(6) _____
City, State Bowling Green Zip 42101 1955-09

Horse Trained Drake Reynolds Trainer's Lic # _____
Address b(6) _____
City, State Bowling Green Zip 42101

Horse Exhibitor Drake Reynolds
Address b(6) _____
City, State Bowling Green Zip _____

Exhibitor's # / Sale or Auction Tag # 641 Class # 84A Novice
6-11 yr old Ride

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other _____

WE - JAD
DQP's Initials

Show management notified

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show TWHHC
City, State Shelbyville, TN Inspection Date 8-30-09
Show Manager De Doyle Meadows Inspection Time 9:05 A.M. P.M.
(circle one)

✓ Horse's Name King of Mexico Registration # 20508008

Per TWHBA:
✓ Horse Owner Gara Shacklett Daytime Phone _____
Address ^{b(6)} _____
City, State Nolensville, TN Zip _____

Horse Trainer Jerry Beaty Trainer's Lic. # 88028
Address ^{b(6)} _____
City, State Belvidere TN Zip 37306

✓ Horse Exhibitor Kathy Lewis 1693-09
Address ^{b(6)} _____
City, State Gratis OH Zip 45330
Exhibitor's # / Sale or Auction Tag # 122 Class # 90B

CHECK ONE

___ Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

___ Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

X Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

___ Unacceptable - Other Leading Cores

DQP's Initials TS # 209

Show management notified

A



28387

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8.30.09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr. Doyle Meadows

Horse's Name Jose's Whole Shabang Registration Number 20405721
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Joyce Meadows - 521 Spring Valley Rd - Atlanta, GA 30318 +

Horse Owner J+J Enterprises Daytime Phone (b)(6)
Mailing Address _____
City, State Atlanta, GA + Shelbyville, TN Zip _____

10/10/09
Horse Trainer Charlie Moore Trainer's License # 88262
Mailing Address _____
City, State Shelbyville TN Zip _____
Daytime Phone _____

Horse Exhibitor Joyce Myers Amateur/Juvenile # 4600-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1456 Exhibitors Class No. 83
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 30 09 Time 6:30 A.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Star Rule HP17

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
would not sign TRAINER'S SIGNATURE
Will Ewing #100 DQP'S SIGNATURE / LICENSE #
Will Ewing #207 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X

~~JD~~



28388

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville TN
Show Manager Dr Boyle Meadows

Horse's Name Silverado Spirit Registration Number 978014
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Polly Ware Daytime Phone _____
Mailing Address: [REDACTED]
City, State Cynthiana, KY Zip 41031

10/10/09
Horse Trainer Polly Ware Trainer's License # _____
Mailing Address: [REDACTED]
City, State Cynthiana Ky Zip 41031
Daytime Phone _____

Horse Exhibitor Polly Ware Amateur/Juvenile # 0818-09
Mailing Address: [REDACTED]
City, State Cynthiana Ky Zip 41031

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1263 Exhibitors Class No. 83
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:35 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
ScAR Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Polly Ware TRAINER'S SIGNATURE
Will Ely DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

JD



28389

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Boyle Meadows

Horse's Name Eb's Pushy Lady Registration Number 9812285
Age _____ Sex _____ Color _____

Markings _____
Pn TWHBEA:

Horse Owner Jim + Annie Baker Daytime Phone _____
Mailing Address [REDACTED]
City, State Olive Hill, KY Zip 41164

Horse Trainer Lorenzo Smith Trainer's License # 091595
Mailing Address [REDACTED]
City, State Shelbyville TN 37160 Zip _____
Daytime Phone [REDACTED]

10/10/09

Horse Exhibitor Annie Baker Amateur/Juvenile # 2839
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 1840 Exhibitors Class No. 82
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:35 A.M. (P.M) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substances
Created & Showed

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____

[Signature]
DQP'S SIGNATURE / LICENSE # _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FORM 10-042-000078

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

WE



28390

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Hank's 38 Special Registration Number 20414461
Age _____ Sex _____ Color _____

Markings Pn TWHBEA: Lisa + Lexie Stinnett

Horse Owner Melissa Stinnett Daytime Phone _____
Mailing Address b(6)
City, State Clyde, NC Zip 28721

Horse Trainer Sam Perkins Trainer's License # 94991
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone _____

10/10/09

Horse Exhibitor Alexis Stinnett Amateur/Juvenile # 314108
Mailing Address b(6)
City, State Clyde NC Zip 28721

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 868 Exhibitors Class No. 82
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 30 09 Time 6 50 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scars Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Paul Campbell
DQP's Signature / License #: Will Elms #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

4

JTD/KN



28391

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr. Bayle Meadows

Horse's Name Sun-Dust With Attitude Registration Number 19910095
Age _____ Sex _____ Color _____
Markings Per TWHBEA

Horse Owner Rachel Castaldi Daytime Phone _____
Mailing Address _____
City, State Princeton, NJ Zip _____

10/10/09

Horse Trainer Chris Alexandrou Trainer's License # 98119
Mailing Address _____
City, State _____ Zip 38261
Daytime Phone Union City, TN

Horse Exhibitor Mary Medina Amateur/Juvenile # 0487
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 1434 Exhibitors Class No. 83
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:45 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule - MPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

Chris Alexandrou
TRAINER'S SIGNATURE

Jayle Meadows 203
CUSTODIAN OR ASSISTANT'S SIGNATURE / LICENSE #
Ker North #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

~~ET~~



28392

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TW HNC
City, State Shelbyville, TN
Show Manager Dr Boyle Meadows

Horse's Name Label's Lucky Charm Registration Number 20010636
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Denise Albaya Daytime Phone _____
Mailing Address _____
City, State Waco, Ky Zip 40385

Horse Trainer Donald Stimpson Trainer's License # 051415
Mailing Address _____
City, State Richmond Ky Zip 40475
Daytime Phone _____

10/10/09
10/09/10

Horse Exhibitor Paige Smith Amateur/Juvenile # 2908-09
Mailing Address _____
City, State _____ Zip _____

WAT

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 3/4 Exhibitors Class No. 82
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:40 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral Sore MPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

Donald Stimpson
TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

Edna Harg
DQP'S SIGNATURE / LICENSE #
#207



28393

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name Santa Monica Registration Number 20202894
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Cohen Abernathy, Jackson Davis, Carrie Graf, Tim Richmond-

Horse Owner Davis, Abernathy, Richmond & Graf Daytime Phone (b)(6)
Mailing Address _____
City, State Crocket, TX, Olive Branch, MS Zip _____
Shelbyville, TN

Horse Trainer Jeffery Dockery Trainer's License # 95752
Mailing Address (b)(6)
City, State Collierville TN Zip 38027
Daytime Phone _____

10/10/09

Horse Exhibitor Dylan Sain Amateur/Juvenile # 0635-09
Mailing Address (b)(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 637 Exhibitors Class No. 82
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:15 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

DQP'S SIGNATURE / LICENSE # _____
Will Edus #100

x

TE



28394

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNO
City, State Shelbyville, TN
Show Manager Dr. Doyle Meadows

Horse's Name The TORPEDO Registration Number 20313990
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Brittany Wampler Daytime Phone _____
Mailing Address _____
City, State Mohawk, TN Zip 37810

10/1/09
10/09/10

Horse Trainer Harry Wheelon Trainer's License # 99198
Mailing Address _____
City, State Marietta, GA Zip 31803
Daytime Phone _____

Horse Exhibitor Brittany Wampler Amateur/Juvenile # 9911-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1323 Exhibitors Class No. 82
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 6:51 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral Sore

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

+



28395

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jazz in Dixie Registration Number 9710208
Age _____ Sex _____ Color _____

Markings
Per TH/BEA: Michael Davis

Horse Owner Mike & Beth Davis Daytime Phone _____
Mailing Address b(6)
City, State Cincinnati OH Zip _____

10/10/09

Horse Trainer Jeff Green Trainer's License # 88085
Mailing Address b(6)
City, State Shelbyville TN Zip 37162
Daytime Phone _____

Horse Exhibitor Meghan Davis Amateur/Juvenile # 250309
Mailing Address b(6)
City, State Shelbyville TN Zip 37162

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1605 Exhibitors Class No. 82
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 30, 09 Time 7:00 A.M. PM (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scar. Rote HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
Jeff Green TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

K.D.

28397



P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8.30-09

Name of Show 71st ANNUAL TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name A Dangerous Man Registration Number 20106054
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Donna Ingle Hill

Horse Owner Donna Hill Daytime Phone _____
Mailing Address b(6)
City, State Troy MO Zip 63379

Horse Trainer Craig Latham Trainer's License # 39906
Mailing Address b(6)
City, State Joppa Ark Zip 35087
Daytime Phone _____

10/10/09

Horse Exhibitor Donna Hill Amateur/Juvenile # 875
Mailing Address _____
City, State Troy, MO Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 307 Exhibitors Class No. 83
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 7:00 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Craig Latham
DQP's Signature / License #: Will Edwards #100
Keith Davis 202
CUSTODIAN OR ASSISTANT'S SIGNATURE _____



10/7/09
28398

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual JWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Pushin Tunica Registration Number 20209320
Age _____ Sex _____ Color _____

Markings _____
Per TWMBEA: Ken Wilson - P.O. Box 787 - Athens, AL 35612

Horse Owner Larry & Dot Duke Daytime Phone _____
Mailing Address _____
City, State _____

Horse Trainer Grog Mooneyham Trainer's License # 92596
Mailing Address _____
City, State Cobwater MS Zip 38618
Daytime Phone _____

10/6/09

Horse Exhibitor _____ (Juvenile) Amateur/Juvenile # 2161
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1412 Exhibitors Class No. 84B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 7:15 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Score Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 209
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
209

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000086

4



28399

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State Shelbyville IN
Show Manager De Doyle Meadows

Horse's Name He's A Smooth Operator Registration Number 20206247
Age _____ Sex _____ Color _____

Markings
Pen TWHBEA: Connie Frazier

Horse Owner Greg & Connie Frazier Daytime Phone _____
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

16/10/09

Horse Trainer Tim Smith Trainer's License # 98995
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Preston Frazier Amateur/Juvenile # 0304-09
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1489 Exhibitors Class No. 84 B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 7:00 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance N/A
Corrected + showed

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # #2009

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

uv K V



28400

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Or Doyle Meadows

Horse's Name General's TOP BRASS Registration Number 20100585
Age _____ Sex _____ Color _____
Markings _____

PUTWHEA: Sheila Ruby

Horse Owner Walking with Grace LLC Daytime Phone _____
Mailing Address b(6)
City, State Madison AL Zip 35601
35758

10/10/09

Horse Trainer Keith Nance Trainer's License # 21223
Mailing Address b(6)
City, State Rogersville AL Zip 35652
Daytime Phone _____

Horse Exhibitor Ashley Ruby Amateur/Juvenile # 0634-09
Mailing Address b(6)
City, State Madison AL Zip 35758

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1401 Exhibitors Class No. 84A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 7:38 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral + foreign substance
RT Foot APA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified
Keith Nance TRAINER'S SIGNATURE
Keith Nance DQP SIGNATURE / LICENSE # 100
CUSTODIAN OR ASSISTANT'S SIGNATURE

JU

SHOW

28401

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Color Blind Registration Number 9710678
Age _____ Sex _____ Color _____
Markings _____
Put TWHBEA:

Horse Owner Melanie Collier Daytime Phone _____
Mailing Address _____
City, State Rogersville AL Zip 35652

2010/10/9

Horse Trainer Bernarda Acosta Trainer's License # 021220
Mailing Address _____
City, State Rogersville AL Zip 35652
Daytime Phone _____

Horse Exhibitor Brant Collier Amateur/Juvenile # Applied for
Mailing Address _____
City, State Rogersville AL Zip 35652

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 437 Exhibitors Class No. 84 B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 7:15 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Jcar Rule HPR

(Office Use Only):

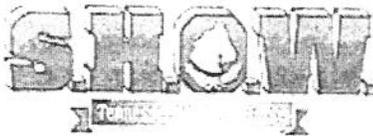
DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE _____

DQP'S SIGNATURE / LICENSE # [Signature] #203

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

FE



28402

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager Dr. Doyle Meadows

Horse's Name Show of Jazz Registration Number 20413280
Age _____ Sex _____ Color _____

Markings Pr TWHBEA: Gus King
Horse Owner Gus King Family Daytime Phone _____
Mailing Address b(6)
City, State Arab, AL Zip 35016

Horse Trainer Joe Martin Trainer's License # 88124
Mailing Address b(6)
City, State Shelbville TN Zip _____
Daytime Phone b(6)

10/10/09
10/10/09

Horse Exhibitor Joe Martin Amateur/Juvenile # _____
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1110 Exhibitors Class No. 85
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 7:40 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore NPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Joe Martin TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # #209
CUSTODIAN OR ASSISTANT'S SIGNATURE [Signature]

+



28403

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadow

Horse's Name Ritz Custom Made Registration Number 20201210
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Annabelle Smith- b(6)

Horse Owner Chad Cotton b(6) Phone _____
Mailing Address b(6)
City, State Murfreesboro TN Zip 37128

10/10/09

Horse Trainer Salvador Fernandez Trainer's License # 051412
Mailing Address b(6)
City, State Lewisburg, TN Zip 37091
Daytime Phone _____

Horse Exhibitor Chad Cotton Amateur/Juvenile # 283609
Mailing Address b(6)
City, State Murfreesboro TN Zip 37128

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 732 Exhibitors Class No. 86
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 750 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

Will Smith #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

+



~~KN~~

28404

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Line Dance Registration Number 20410876
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA:

Horse Owner Andy Withers Family Daytime Phone _____
Mailing Address [Redacted]
City, State Columbia KY Zip 42728

✓
10/10/09

Horse Trainer Andy Withers Trainer's License # AA40608
Mailing Address [Redacted]
City, State Columbia KY Zip 42728
Daytime Phone _____

Horse Exhibitor Alexis Tooley Amateur/Juvenile # Pending
Mailing Address [Redacted]
City, State Bowling Green KY Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 162 Exhibitors Class No. 86
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:40 AM A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # 207

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28406

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Name of Show 71st Annual TWH No Date 8/30/09
City, State Shelbyville TN
Show Manager _____

Horse's Name Man of Mine Registration Number 950304
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA: (Juvenile)

Horse Owner Marina Barclaw Daytime Phone _____
Mailing Address b(6)
City, State South Fulton, TN Zip 38257

10/10/09

Horse Trainer Eddie Barclaw Trainer's License # 89313
Mailing Address b(6)
City, State South Fulton TN Zip 38257
Daytime Phone _____

Horse Exhibitor Marina Barclaw # _____
Mailing Address b(6)
City, State South Fulton, TN Zip 38257

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1870 Exhibitors Class No. 86
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 7:40 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Some Rules HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

Eddie Barclaw
TRAINER'S SIGNATURE

Will Edmund #208
DQP'S SIGNATURE / LICENSE #

Will Edmund #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000093

K

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28407

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71 Annual TWHNC
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Horse's Name The White MASK Registration Number 20206796
Age _____ Sex _____ Color _____

Markings Per TWHBEA: Karen Bethel b(6)

Horse Owner Karen Bethel + Alana Boas Daytime Phone _____
Mailing Address b(6)
City, State Monticello, Ky Zip 42638

10/16/09

Horse Trainer Jimmy Lightfoot Trainer License # 071509
Mailing Address b(6)
City, State Bowling Green Ky Zip 42102
Daytime Phone _____

Horse Exhibitor Alana Boas Amateur/Juvenile # Pending
Mailing Address b(6)
City, State Monticello, Ky Zip 42638

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1265 Exhibitors Class No. 84A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 8:00 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR RULE HPA
winner Post

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Jimmy Lightfoot TRAINER'S SIGNATURE
John W. Boas DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28408

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8.30.09

Name of Show TW HNC
City, State Shelbyville, TN
Show Manager Dr Doyle Meadows

Horse's Name I'm Classy Cash Registration Number 20602420
Age _____ Sex _____ Color _____

Markings Per THWBEA: Jamie "Red" Etheredge

Horse Owner Red & Donna Etheredge Daytime Phone _____
Mailing Address [REDACTED]
City, State Jacksonville, AL & Shelbyville Zip 36265

10/10/09
Horse Trainer New Way Farms Carl Bledsoe Trainer's License # 88039
Mailing Address [REDACTED]
City, State Ball Ground, GA Zip 30107
Daytime Phone [REDACTED]

Horse Exhibitor Red Etheredge Amateur/Juvenile # 0564-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1732 Exhibitors Class No. 87
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 8:10 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Star Role NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE
Carl Bledsoe
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
Will Edwards #100

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000095

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28409

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadow

Horse's Name Polar Express Registration Number 20409339
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: Lisa (Brook) Marbry - 3279 Summer Ave - Memphis, TN 38112
Horse Owner Marbry Carpenter Daytime Phone _____
Mailing Address _____
City, State ATOKA TN Zip _____

✓
10/10/09

Horse Trainer Vickie Self Trainer's License # 88163
Mailing Address b(6)
City, State ATOKA TN Zip 38004
Daytime Phone b(6)

Horse Exhibitor Dusty Carpenter Amateur/Juvenile # 10094-09
Mailing Address b(6)
City, State ~~ATOKA~~ TN Zip 38053
Rosemead

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 179 Exhibitors Class No. 90A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 8:45 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance
NO SHOW

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Beth Harris 2088

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

Tennessee 1865

28410

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name She's A Major in Business Registration Number 20506068
Age _____ Sex _____ Color _____

Markings
On THORBEA: Leon or Clara Jean Forrester

Horse Owner Leon & Clara Jean Forrester Daytime Phone _____
Mailing Address [REDACTED]
City, State Martin TN Zip 38237

Horse Trainer Jimmy McConnell Trainer's License # 88119
Mailing Address [REDACTED]
City, State Union City TN Zip 38261
Daytime Phone _____

Horse Exhibitor Clara Hayes Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1424 Exhibitors Class No. 90B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance
Elec Not to Come Back

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 208
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28411

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWHNC
City, State _____
Show Manager _____

Horse's Name Pushin My Pride Registration Number 20000881
Age _____ Sex _____ Color _____

Markings
Per TWHBEA: Lillian Bolozky - @

Horse Owner Jack Bolozki Daytime Phone _____
Mailing Address _____
City, State Chesterfield MO Zip 63005

10/10/09

Horse Trainer JASON Day Trainer's License # 93644
Mailing Address _____
City, State Bell Buckle TN Zip 37020
Daytime Phone _____

Horse Exhibitor Jack Bolozki Amateur/Juvenile # 0686
Mailing Address _____
City, State Chesterfield MO. Zip 63005

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 116 Exhibitors Class No. 87
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 8:22 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

UNILATERAL SORE RIGHT front and left side

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # Will Evans #100

SHOW

28412

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/30/09

Name of Show 71st Annual TWTHNO
City, State Shelbyville TN
Show Manager Dr Boyle Meadows

Horse's Name Cash's All Star Registration Number 977388
Age _____ Sex _____ Color _____

Markings Per TWTHBEA: DR W.H. Hill- b(6)

Horse Owner Dr Mrs W.H. Hill Daytime Phone b(6)
Mailing Address b(6)
City, State Powder Spring GA Zip 30127

Horse Trainer Slim Moore Trainer's License # 93712
Mailing Address b(6)
City, State Dawson GA Zip 39842
Daytime Phone _____

10/10/09

Horse Exhibitor W.H. Hill Amateur/Juvenile # 0327
Mailing Address b(6)
City, State Powder Springs GA Zip 30127

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1643 Exhibitors Class No. 87
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/30/09 Time 9:06 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR RULE Post

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # John W. Brown #83
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

28413

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-30-09

Name of Show TWHNC
City, State Shelbyville, TN
Show Manager De Boyle Meadows

Horse's Name The Gin Was Poisoned Registration Number 20504431
Age _____ Sex By Gen Color _____
Markings _____

Pen TWHBEA:

Horse Owner Diane Donner Daytime Phone _____
Mailing Address [REDACTED]
City, State Dyersburg TN Zip 38024

Horse Trainer Brock Tillman Trainer's License # 98962
Mailing Address [REDACTED]
City, State Minor Hill TN Zip 38473
Daytime Phone _____

10/10/09

Horse Exhibitor Richard Donner Amateur/Juvenile # 1619-09
Mailing Address [REDACTED]
City, State Dyersburg TN Zip 38024

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 669 Exhibitors Class No. 90A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 9:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule - HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] 204
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] #207



27963

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug, 27, 2009

Name of Show 71 Tw H Celebration
City, State Shelbyville Tenn
Show Manager

Horse's Name Sazz Valor Registration Number 20608755
Age Sex Color Black
Markings b(6)

TWHBEA: Cena R Martin
Horse Owner Clark Farms Daytime Phone 37160
Mailing Address b(6)
City, State Arab AL Zip 35017

Horse Trainer David Conner Trainer's License # 991075
Mailing Address b(6)
City, State Arab AL Zip 35017
Daytime Phone

10/9/09 ✓
1565
Fenton Rd
Arab AL 35016

Horse Exhibitor Nathan Clark Amateur/Juvenile #
Mailing Address b(6)
City, State Arab Zip

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 1482 Exhibitors Class No. 17
Class Description
B. Sale or Auction Tag

Inspection Date Aug 27, 09 Time 11:00 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral sore, scurfing

(Office Use Only): Post

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: David Conner
DQP's Signature / License #: #201
Custodian or Assistant's Signature: [Signature]



28301

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN: SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/20/09

Name of Show 71 TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meade

Horse's Name Dollars & Sense Registration Number 9810933
Age _____ Sex _____ Color _____
Markings TWHBIEA:

Horse Owner Josh Wright Daytime Phone _____
Mailing Address _____
City, State Reagan TN Zip 38368

Horse Trainer Casper Wright Trainer's License # 001140
Mailing Address _____
City, State Reagan TN Zip 38368
Daytime Phone _____

Horse Exhibitor Josh Wright Amateur/Juvenile # _____
Mailing Address _____
City, State Reagan TN Zip 38368

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 267 Exhibitors Class No. 3A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-26-09 Time 9:20 (A.M.) P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal Shod 3 3/4 Toe 2 1/4 Paw HPA
Also Measured By Keith Davis

(Office Use Only):
 DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE Will [Signature] DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE



28302

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/26/09

Name of Show 71 TNUHNC
City, State Shelbyville In
Show Manager De Doyle Meadows

Horse's Name Gen's Silver and Gold Registration Number 20506494
Age _____ Sex _____ Color _____

Markings TWHBEA: Lynn Rupp b(6) _____

Horse Owner Merril Stewart Daytime Phone 370E
Mailing Address b(6) _____
City, State Bowling Green Ky Zip 42101

Horse Trainer Merril Stewart Trainer's License # 41407
Mailing Address b(6) _____
City, State Bowling Green Ky Zip 42101
Daytime Phone b(6) _____

Horse Exhibitor Nick Rindou Amateur/Juvenile # _____
Mailing Address b(6) _____
City, State Bowling Green Ky Zip 42101

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1694 Exhibitors Class No. 3B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 9:30 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Aspen Sub. Mineral
Corrected & Showed

(Office Use Only): check Tony Edward & Grover Hattke

DQP notified Show Management that such horse was excused or disqualified
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 3B
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
My Show #209



28303

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/26/09

Name of Show 71st TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Painted by P2 A22 Registration Number 2021563
Age _____ Sex _____ Color _____

Markings TWHBEA

Horse Owner Cindy Bryant Phone _____
Mailing Address b(6)
City, State Lake Junaluska NC Zip 28745

10/9/09
Horse Trainer Cindy Bryant Trainer's License # 199
Mailing Address b(6)
City, State Lake Junaluska NC Zip 28745
Daytime Phone b(6)

Horse Exhibitor Cindy Bryant Amateur/Juvenile # _____
Mailing Address b(6)
City, State Lake Junaluska NC Zip 28745

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1357 Exhibitors Class No. 4 Class Description owned + Trane
B. Sale or Auction Tag _____

Inspection Date 8-26-09 Time 9:46 (A.M.) P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
Checked by Tony Williams

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

Cindy Bryant
TRAINER'S SIGNATURE

Will Edler #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

Tony Edler #209

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000104

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28304

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/26/09

Name of Show 71 TW HNC
City, State Shelbyville
Show Manager Dr Doyle Meadows

Horse's Name Big Time Money Registration Number 19913338
Age _____ Sex _____ Color b(6)
Markings _____
TW HBEA Mr Jody BRANNON

Horse Owner Celina Santa Cruz Daytime Phone _____
Mailing Address b(6)
City, State Saratoga CA Zip 95046
San Martin CA

Horse Trainer Jimmy NORRIS Trainer's License # 91523
Mailing Address b(6)
City, State San Martin CA Zip 95046
Daytime Phone b(6)

Horse Exhibitor Celina Santa Cruz Amateur/Juvenile # _____
Mailing Address b(6)
City, State Saratoga CA Zip 95046
San Martin

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1334 Exhibitors Class No. 3A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 10:30 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

we were told, some left foot
Unilateral

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
Jeanne Nelson
CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
Will Smith #100
My Club #209

SHOW

28305

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-26-09

Name of Show 71st T. W. H. N. C.
City, State Shelbyville TN
Show Manager Doyle Meadows

Horse's Name American Sovereign Sister Registration Number 20607051
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Bethann Alford Daytime Phone _____
Mailing Address _____
City, State Jamestown TN Zip 38556

Horse Trainer Scott Beaty Trainer's License # _____
Mailing Address _____
City, State PO Box 456 Zip 38547
Daytime Phone Bydstown, TN

Horse Exhibitor Bethann Alford Amateur/Juvenile # _____
Mailing Address _____
City, State Jamestown TN Zip 38556

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 561 Exhibitors Class No. 6
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 11:08 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral left foot HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Joy Chapman DQP's Signature / License #: Will Edgington #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28306

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/26/09

Name of Show 71st TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name The Grand Liza Jane Registration Number 20008754
Age _____ Sex _____ Color _____
Markings TWHBEA

Horse Owner harris william Daytime Phone 20008754
Mailing Address [REDACTED]
City, State Ocala, FL Zip 34475

Horse Trainer Rick Cael Trainer's License # _____
Mailing Address [REDACTED]
City, State Williston FL Zip 32696
Daytime Phone _____

Horse Exhibitor Donald Hendrix Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Williston FL Zip 32696

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 174 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26 Time 11:28 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoes

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28307

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/26/09

Name of Show 71st TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name IRONWORKS Design Registration Number 20413686
Age _____ Sex _____ Color _____
Markings _____

TWHBEA

Horse Owner Joseph Forester Daytime Phone _____
Mailing Address _____
City, State Hazard NY Zip 14348

Horse Trainer Billy Bowling Trainer's License # 071531
Mailing Address _____
City, State LONDON KY Zip 40141
Daytime Phone _____

10/14/09

Horse Exhibitor Billy Bowling Amateur/Juvenile # _____
Mailing Address _____
City, State SAME Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 1861 Exhibitors Class No. 10
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 1138 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

illegal shoeing not a
cast leg shoe

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # _____

S.H.O.W. "UNACCEPTABLE" INFORMATION FORM

Name of Show 871 Annual TWHNE
City, State Shelbyville TN Inspection Date 8/26/09
Show Manager DR Doyle Meadows Inspection Time 11:02 A.M. P.M.
(circle one)

Horse's Name Red Prime Fashion Registration # 20000 226

TWHEBA
George E Lewis

Horse Owner Kim Simpson Daytime Phone _____
Brother Lewis

Address _____
City, State Bellvue TN Zip 37306

Horse Trainer Brian Clark Trainer's Lic. # 051398

Address _____
City, State Bellvue TN Zip 37306

Horse Exhibitor George Simpson

Address _____
City, State Bellvue TN Zip 37306

Exhibitor's # /Sale or Auction Tag # 1062 Class # 7

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Leading

DQP's Initials _____

Show management notified

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show ~~W.H.N.C.~~ W.H.N.C.
City, State Shelbyville TN Inspection Date 8-27-09
Show Manager Dr Doyle Meadows Inspection Time 11:00 A.M. P.M.
(circle one)

Horse's Name Hello Maybelline Registration # 20013130
Terry Strickland Deirdre Clements
Horse Owner Toni Strickland Daytime Phone _____
Address _____
City, State Edgefield SC Zip 29824

Toni
Horse Trainer Brian Strickland Trainer's Lic. # 1A 051517
Address _____
City, State Edgefield SC Zip 29824

Horse Exhibitor Deirdre Clements
Address _____
City, State Edgefield SC Zip 29824
Exhibitor's # / Sale or Auction Tag # 304 Class # 19A

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Hoof Test

BD
DQP's Initials

Show management notified

S.H.O.W. "UNACCEPTABLE" INFORMATION FORM

Name of Show 71st TWHNC
City, State Shelbyville TN Inspection Date 8/27/01
Show Manager Dr. Doyle Meador Inspection Time 1:05 (A.M.) P.M.
(circle one)

Horse's Name Mr Jingles Registration # 2000356

TWHBER: Mrs. Mallory Lawrence
Horse Owner Don Stancok Phone [REDACTED]
Address [REDACTED]
City, State Princeton Ky Zip 42445

Horse Trainer Travis Craft Trainer's Lic. # -
Address [REDACTED]
City, State Crofton Ky Zip 42217

Horse Exhibitor Mallory Lawrence
Address [REDACTED]
City, State Cadiz Ky Zip 42211
Exhibitor's # / Sale or Auction Tag # 1397 Class # 20

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other [REDACTED] Reaction to Hoof testers

WE
DQP's Initials

Show management notified

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28309

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jose on The Bay Registration Number 28701204
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Irby Lovett Teague Morgan Daytime Phone _____
Mailing Address _____
City, State _____ Zip _____
Laurie Toone 93727

Horse Trainer Evan Morgan Trainer's License # 051413
Mailing Address _____
City, State Bell Buckle TN Zip _____
Daytime Phone _____

C/S

Horse Exhibitor Bo Teague Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1721 Exhibitors Class No. 19A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 10:50 (A.M.) P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing HPA
Hind Shoe over 1/2" thick

(Office Use Only): Corrected & Showed

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # try club #209

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28310

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadow

Horse's Name Mr Deeds Registration Number 20605545
Age _____ Sex _____ Color _____
FRANKING KY

Markings TWHBEA Wallace H. Carriere Jr b(6)

Horse Owner Harold + Sherry Roberts b(6)
Mailing Address _____
City, State Van Buren MO Zip 63965

Horse Trainer Laurie Tanne Trainer's License # 93727
Mailing Address b(6)
City, State Bell Buckle TN Zip _____
Daytime Phone _____

Horse Exhibitor Harold Roberts Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1722 Exhibitors Class No. 19B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 1100 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal shoeing, 1/2 inch shoe on hinds, (Pre Show)

(Office Use Only): Examined + showed

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

Park Esley 0214
DQP'S SIGNATURE / LICENSE #

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

Tennessee Walking Horse

28311

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN 37183
Show Manager Dr Doyle Meadows

Horse's Name Grandy Garcia Registration Number 19913054
Age _____ Sex _____ Color _____
Markings TW+BEA:

Horse Owner Kathy Jamison Daytime Phone _____
Mailing Address _____
City, State Florence SC Zip 29501

10/15/09
10/14/2010

Horse Trainer Kathy Jamison Trainer's License # _____
Mailing Address _____
City, State Florence SC Zip 29501
Daytime Phone _____

Horse Exhibitor Jacques Fisher Amateur/Juvenile # _____
Mailing Address _____
City, State Florence SC Zip 29501

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 102 Exhibitors Class No. 20
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 11:20 A.M. ~~P.M.~~ (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore HPA (Hottestas)
Both DQP's William & Tom Edwards

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: [Signature]
DQP's Signature / License #: Will Edwards #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. 042:000114

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28312

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 11th Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name SFK's Glimmer of Sunrise Registration Number 980849
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Louise Lyons Daytime Phone _____
Mailing Address [REDACTED]
City, State OBion TN Zip 38240

Horse Trainer Joemae Stables Chris Alexander Trainer's License # 061472
Mailing Address [REDACTED]
City, State Union City IN Zip 38261
Daytime Phone _____

✓
10/10/09
10/10/09

Horse Exhibitor Alex Blackburn Amateur/Juvenile # 061472
Mailing Address [REDACTED]
City, State FRANKLIN TN Zip 3

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1426 Exhibitors Class No. 24
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 6:49 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
SEAR Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified. Willard #100
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X



28313

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville
Show Manager Dr Doyle Meadow

Horse's Name A Black market Pusher Registration Number 9812739
Age _____ Sex _____ Color _____
Markings Pen TWHBEA:

Horse Owner Faye Boale Daytime Phone _____
Mailing Address b(6)
City, State Springfield, TN Zip 37122

✓

#14107
10/16/09

Horse Trainer Justin Taylor Trainer's License # 041313
Mailing Address b(6) 42103
City, State Bowling Green Ky Zip ~~41030~~
Daytime Phone _____

Horse Exhibitor Sam Boale Amateur/Juvenile # 1912-09
Mailing Address b(6)
City, State Springfield TN Zip 3712

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1399 Exhibitors Class No. 28
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 7:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # 202

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

Tennessee Horse Shows

28314

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8.27-09

Name of Show 71st Annual TNWHC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Admission Is A Dollar Registration Number 20612155
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Dr Pam Hendrickson Daytime Phone _____
Mailing Address _____
City, State W. Palm Gardens, FL Zip _____

Horse Trainer Charlie Green Trainer's License # 88262
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Charlie Green Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville, TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1460 Exhibitors Class No. 26
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 7:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral Sore HPT
Both DQPs + Dr Mellins

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #509

CUSTODIAN OR ASSISTANT'S SIGNATURE



28315

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name I'm a proud American Registration Number 20609806
Age _____ Sex _____ Color _____

Markings _____
TWHBEA: Wm B. Williams, III b(6)

Horse Owner Great Oaks Farm Daytime Phone _____
Mailing Address b(6)
City, State Ripley TN Zip 38063

Horse Trainer Shea Woods b(6) Trainer's License # 091110
Mailing Address b(6)
City, State Hickory Valley TN Zip 38412
Daytime Phone b(6)

10/26/09
10/29/10 ✓

Horse Exhibitor Bill Williams Amateur/Juvenile # 0558-09
Mailing Address b(6)
City, State Ripley TN Zip 38063

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 362 Exhibitors Class No. 27A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 7:36 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral sore HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: [Signature] DQP's Signature / License #: 208

Custodian or Assistant's Signature: [Signature] License #: 209

K



28316

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/22/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name A White Diamond Registration Number 20314812
Age _____ Sex _____ Color _____
Markings _____

PU TWHBEA: Stu Kellerman & Rachel
Horse Owner Kellerman + Mercier Daytime Phone _____
Mailing Address [REDACTED]
City, State Ambler PA Zip 19002

✓
Added
10/16/09

Horse Trainer Doug Hickson Trainer's License # 051395
Mailing Address [REDACTED]
City, State Wartrace TN Zip 37183
Daytime Phone [REDACTED]

Horse Exhibitor Rachel Mercier Amateur/Juvenile # pending
Mailing Address [REDACTED]
City, State Ambler PA Zip 19002

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1622 Exhibitors Class No. 30
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 9:07 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral Pre HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 208H

CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28317

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TW#NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name The Southern Way Registration Number 20702169

Age _____ Sex _____ Color _____

Markings _____

✓ POSTWORKER: Charles E. Garin, III - Belle Meadow Farm -

Horse Owner The Charles Garin, III Daytime Phone _____

Mailing Address [REDACTED]

City, State Wartrace TN Zip 37183

Horse Trainer Tony Mancee Trainer's License # 041311

Mailing Address [REDACTED]

City, State Bell Buckle TN Zip 37020

Daytime Phone [REDACTED]

10/9/09

Horse Exhibitor Tamara Kasser Amateur/Juvenile # 1495-09

Mailing Address [REDACTED]

City, State Wartrace TN Zip 37163

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 883 Exhibitors Class No. 27A
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 8:40 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Post open lesion both feet
3rd place HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000120

X



28318

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNE
City, State Shelbyville
Show Manager Dr Doyle Meadows
Pen TWHBEA

Horse's Name Jazz's High Time Registration Number 20605970
Age _____ Sex _____ Color _____

Markings
Pen TWHBEA Robert E. Garber

Horse Owner Bob Garber
Mailing Address [REDACTED]
City, State Union Grove AL Zip 35175

Horse Trainer Steve Beam Trainer's License # 916857
Mailing Address [REDACTED]
City, State Arab AL Zip 35016
Daytime Phone [REDACTED]

Horse Exhibitor Steve Beam Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Arab AL Zip 35016

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 563 Exhibitors Class No. 29A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/2 Time 8:45 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule, Both feet Lines up back
Both feet HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Parla F. Ealey

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28308

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st TWHNC
City, State Shelbyville In
Show Manager Dr Doyle Meadows

Horse's Name Jose's Coyote Quick Registration Number 2070870
Age _____ Sex _____ Color _____

Markings
TWHBEA:

Horse Owner Robert Stannard Jr Daytime Phone _____
Mailing Address b(6)
City, State Lebanon Ky Zip 40033

✓ 10/19/09
Horse Trainer Rocky McCar Trainer's License # _____ *not on Lic*
Mailing Address b(6)
City, State Lebanon Ky Zip 40033
Daytime Phone _____

Horse Exhibitor Rocky McCar Amateur/Juvenile # _____
Mailing Address b(6)
City, State Lebanon Ky Zip 40033

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 321 Exhibitors Class No. 17
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 10:27 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Bi lateral SORE NPA
Both DQ's

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Rocky McCar TRAINER'S SIGNATURE
Will Edwards #100 DQP'S SIGNATURE / LICENSE #
CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28319

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Horse's Name John FK's Diamond Delight Registration Number 20110816
Age _____ Sex _____ Color _____

Markings
Pm TWHBEA:

Horse Owner Gloria Dixon Daytime Phone _____
Mailing Address _____
City, State Dacula GA Zip 30211
30019

✓
10/10/09

Horse Trainer Brock Tillman Trainer's License # 98962
Mailing Address _____
City, State Miner Hill TN Zip 38473
Daytime Phone _____

Horse Exhibitor Gloria Dixon Amateur/Juvenile # 0776-09
Mailing Address _____
City, State Dacula GA Zip 30211

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 665 Exhibitors Class No. 32 Class Description A
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 9:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE

Will Edus #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28320

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHUC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Diamond Eagle Registration Number 20501205
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Peggy Brammerloh Daytime Phone [REDACTED]
Mailing Address [REDACTED]
City, State Union Ky Zip 41091
She entered Horse

Horse Trainer Jessie Smith Trainer's License # 111883
Mailing Address [REDACTED]
City, State Augusta Ky Zip 41002
Daytime Phone _____

Horse Exhibitor Peggy Brammerloh Amateur/Juvenile # 9862-09
Mailing Address [REDACTED]
City, State Union Ky Zip 41091

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1255 Exhibitors Class No. 33A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 1000 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule 14PA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

Will Ednes #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

FOIA 10-042:000124



28321

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Horse's Name The High Dollar
Registration Number 20214645
Age Sex Color
Markings

Per TWHBEA:

Horse Owner Toni White
Daytime Phone
Mailing Address
City, State Eatonton GA Zip 31024

10/10/09

Horse Trainer Slim Moore
Trainer's License # 93712
Mailing Address
City, State Eatonton GA Zip 31024
Daytime Phone

Horse Exhibitor Stephanie White - Both
Amateur/Juvenile # 1010
Mailing Address
City, State Eatonton GA Zip 31024

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1631 Exhibitors Class No. 32B
Class Description
B. Sale or Auction Tag

Inspection Date 8/27/09 Time 10:05 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE
CUSTODIAN OR ASSISTANT'S SIGNATURE
DQP'S SIGNATURE / LICENSE #

SHOW

TELEPHONE

28322

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 27, 09

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

Name of Show 71st TWHL
City, State Shelbyville TENN
Show Manager _____

Horse's Name Shock Zock Registration Number 20113628
Age _____ Sex Stod Color Black
Markings Black

Per TWHLER:
Horse Owner Walker Coleman Daytime Phone _____
Mailing Address _____
City, State Money Miss Zip 38945

Horse Trainer Mucker McCormick Trainer's License # 85121
Mailing Address _____
City, State Shelbyville TN Zip _____
Daytime Phone _____

Horse Exhibitor Becky Coleman Amateur/Juvenile # 045009
Mailing Address _____
City, State Money MS Zip 3894

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1002 Exhibitors Class No. 1002 31
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 10:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Star Rule Post
Out Both Feet

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
Micky Mc TRAINER'S SIGNATURE [Signature] #207 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28323

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWH NE
City, State Shelbyville TN
Show Manager Dr Doyle

Horse's Name Paroled with A Vengeance Registration Number 20501995
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA:

Horse Owner Robert Hueley Daytime Phone _____
Mailing Address [REDACTED]
City, State Hayden AL Zip 35079

Horse Trainer Scott W. White Trainer's License # 041364
Mailing Address [REDACTED]
City, State Decatur AL Zip 35603
Daytime Phone [REDACTED]

10/6/09
10/12/08

Horse Exhibitor Robert Hurley Amateur/Juvenile # 0620-09
Mailing Address _____
City, State Hayden AL Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1328 Exhibitors Class No. 33B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 10:37 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral one foot sensitivity left -
Both DQPS. FOUND SOME HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
Scott White TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # 201

CUSTODIAN OR ASSISTANT'S SIGNATURE
[Signature] _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28324

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jose's Habanero Registration Number 2020327
Age _____ Sex _____ Color _____
Markings _____

Per TWHREA:

Horse Owner Keith Bowers Daytime Phone _____
Mailing Address _____
City, State Elizabethon TN Zip 37643

✓
10/10/09

Horse Trainer Mickey McCormick Trainer's License # 88121
Mailing Address _____
City, State Shelbyville TN Zip _____
Daytime Phone _____

Horse Exhibitor Diana Bowers Amateur/Juvenile # 1184-09
Mailing Address _____
City, State Elizabethon TN Zip 37643

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 993 Exhibitors Class No. 35A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 10:40 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR Rule pre HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

0 X



28325

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 27

Name of Show 71st Annual TNFA WC
City, State Shelbyville
Show Manager Dr Doyle meadow

Horse's Name Sky miles Registration Number 20502664
Age _____ Sex Stod Color Black

Markings Pu TWBBA: Patty Marek. (b(6)) (b(6)) Gary Smith.

Horse Owner Mike Chipman Daytime Phone _____
Mailing Address _____
City, State Santa Rosa, CA Zip 95403

10/10

Horse Trainer Earnest Watson Trainer's License # 85178
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Beth Sims Amateur/Juvenile # 0569-09
Mailing Address _____
City, State Bell Buckle TN Zip 37020

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 977 Exhibitors Class No. 33B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 27, 09 Time 11 30 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule
Post Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Earnest Watson DQP'S SIGNATURE / LICENSE # #207
CUSTODIAN OR ASSISTANT'S SIGNATURE _____ Kurt Dain #208

X



28326

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/27/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadow

Horse's Name Don Rafa Registration Number 19907482
Age _____ Sex _____ Color _____

Markings Pen TWHBEA; Angela Smith b(6)

Horse Owner Angie Smith Daytime Phone _____
Mailing Address b(6)
City, State Oklahoma City OK Zip _____

✓
10/19/09

Horse Trainer JASON DAY Trainer's License # 96344
Mailing Address b(6)
City, State Bell Buckle TN Zip 37020
Daytime Phone b(6)

Horse Exhibitor JASON DAY Amateur/Juvenile # _____
Mailing Address b(6)
City, State Bell Buckle TN Zip 37020

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 112 Exhibitors Class No. 34
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/27/09 Time 11:45 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Will Edruff #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual
City, State Shelbyville TN Inspection Date 8/28/09
Show Manager Dr Doyle Meadow Inspection Time 1050 A.M. P.M.
(circle one)

Horse's Name Et's pushy A² cone Registration # 19902466

Per TOWRET Kenneth Jenkins + Lacy Archer
Horse Owner Lacy Archer Phone _____
Address _____
City, State Bell Buckle TN Zip Unionville, TN 37180

Horse Trainer Terrance Archer # 011182
Address _____
City, State Bell Buckle TN Zip Unionville TN 37180

Horse Exhibitor Lacy Archer
Address _____
City, State Unionville TN Zip 37180
Exhibitor's # /Sale or Auction Tag # 822 Class # 58

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other _____ Jenny Arch

[Signature]
DQP's Initials

Show management notified

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71 Annual TW HNC
City, State Shelbyville TN Inspection Date 8/28/09
Show Manager Doyle Meadors Inspection Time 10:07 A.M. P.M.
(circle one)

Horse's Name Prime Poison Registration # 20000262

Per TWHRBA:
Horse Owner Andrew Waites Fink Daytime Phone _____
Address [REDACTED]
City, State Hattiesburg MS Zip 39403
Hattiesburg

Horse Trainer Derek Price Trainer's Lic. # 081529
Address [REDACTED]
City, State Shelbyville TN Zip 37160

Horse Exhibitor Lilly Waites 1761-09
Address _____
City, State _____ Zip _____
Exhibitor's # / Sale or Auction Tag # 380 Class # 54

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other _____

W.E.
DQP's Initials

Show management notified



28327

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meador

Horse's Name Devious Don Registration Number 20705748
Age _____ Sex _____ Color _____
Markings Per TWHBA!

Horse Owner Lisa Bowman Anderson Daytime Phone _____
Mailing Address [REDACTED]
City, State Greenville, TN Zip 37743

Who Horse Trainer Jeff Laughlin Trainer's License # Pending
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Willis Bowman Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Greenville TN Zip 37743

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1316 Exhibitors Class No. 41
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 10⁰⁰ AM (A.M.) P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
High Band Correct + Showed HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 0214

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



28328

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-28-09

Name of Show 21st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Busted & Bleached Registration Number 20102118
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA

Horse Owner Melanie Collier Daytime Phone _____
Mailing Address [REDACTED]
City, State Rogersville AL Zip 35652

10/10/09
Horse Trainer Bernardo Acosta Acosta Trainer's License # 021220
Mailing Address [REDACTED]
City, State Rogersville AL Zip 35652
Daytime Phone _____

Horse Exhibitor Brent Collier Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Rogersville AL Zip 35652

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 436 Exhibitors Class No. 38
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 10:15 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HTPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
[Signature]

DQP'S SIGNATURE / LICENSE # 0210

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FORM 10-542:000134

White - NHSC Copy - Yellow - DQP Copy - Pink - Trainer's Copy



28329

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71 Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name The lovely Miss JANE Cash Registration Number 20500370
Age _____ Sex _____ Color _____
Markings _____

Pen TWHBEA; Mrs. Florence E Vineyard
Horse Owner FLO Vineyard Daytime Phone _____
Mailing Address b(6)
City, State St Cloud FL Zip 34772

Horse Trainer Sheryl Skala-Carl Trainer's License # 89278
Mailing Address b(6)
City, State Williston FL Zip 32696
Daytime Phone _____

Horse Exhibitor FLO Vineyard Amateur/Juvenile # _____
Mailing Address b(6)
City, State St Cloud Fla Zip 34772

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 170 Exhibitors Class No. 44
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 10:35 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
1/2 shoe on behind HPA
Corrected & Shaved

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified

[Signature]
TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature]
DQP'S SIGNATURE / LICENSE #
P. Ealy 0214

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28330

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Pusher's Chestnut Score Registration Number 20603825
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Tony Montgomery - b(6)

Horse Owner Shauntae Burton Daytime Phone _____
Mailing Address b(6)
City, State Columbia Ky Zip 42728

Horse Trainer Shauntae Burton Trainer's License # _____
Mailing Address b(6)
City, State Columbia Ky Zip 42728
Daytime Phone _____

10/10/09

Horse Exhibitor Shauntae Burton Amateur/Juvenile # _____
Mailing Address b(6)
City, State Columbia Ky Zip 42728

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 566 Exhibitors Class No. 46
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28 Time 11:20 (A.M.) P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal shoeing NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Shauntae Burton TRAINER'S SIGNATURE
P. Eley 0214 DQP'S SIGNATURE / LICENSE #
CUSTODIAN OR ASSISTANT'S SIGNATURE Eley #209

X



28331

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date Aug 27, 09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN 37162
Show Manager Dr Doyle Meadows

Horse's Name He's wild eyed & wicked Registration Number 19912425
Age _____ Sex _____ Color _____
Markings _____
Pen TWHNER: Eva J. Eddleman

Horse Owner EVA Eddleman
Mailing Address _____
City, State Chattanooga TN Zip _____

Horse Trainer Knox Blackburn Trainer's License # 89295
Mailing Address _____
City, State Spring Hill TN Zip 37064
Daytime Phone Franklin

Horse Exhibitor KNOX Blackburn Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1194 Exhibitors Class No. 341
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 27, 09 Time 1150 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule
Post Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #207
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28332

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 27

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Doyle Meadows

Horse's Name ~~Bobo~~ Zulu Registration Number 20115098
Age _____ Sex Stud Color Black

Markings _____
Per TWHBEA: Robert W. Moore - b(6)

Horse Owner Bud & Susan Moore Daytime Phone _____
Mailing Address b(6)
City, State Catherine AL Zip 36728

✓
10/19/09

Horse Trainer Brian Smith Trainer's License # 001147
Mailing Address b(6)
City, State Franklin TN Zip 37064
Daytime Phone _____

Horse Exhibitor Susan Moore Amateur/Juvenile # 0553
Mailing Address b(6)
City, State Catherine AL Zip 36728

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1200 Exhibitors Class No. 35A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 27, 09 Time 12 15 AM P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Star Rule
Post Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

Doyle Meadows # 207
DQP'S SIGNATURE / LICENSE #

X



28333

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 21st Annual TWINE
City, State Shelbyville
Show Manager Dr. Dale Meads

Horse's Name Pedal to the Metal
Registration Number 20100877
Age Sex Color

Markings
Pen TWINE: Frank Eichter - 481 Snell Rd - 37160
Brad + Julie

Horse Owner Molly Vaughn
Mailing Address [redacted]
City, State Eagleville TN Zip 37060

10/10/09
10/19/10

Horse Trainer Mike Hilley
Trainer's License # 88096
Mailing Address [redacted]
City, State Shelbyville TN Zip 37160

Horse Exhibitor Molly Vaughn
Amateur/Juvenile # A286-09
Mailing Address [redacted]
City, State Eagleville TN Zip 37060

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 761 Exhibitors Class No. 49A
Class Description
B. Sale or Auction Tag

Inspection Date 8/28/09 Time 6:19 (A.M.) (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Behavioral HPA Pre

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

Trainer's Signature

DQP's Signature / License # 208

Custodian or Assistant's Signature

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28334

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name White Out By Jazz Registration Number 20707316
Age _____ Sex _____ Color _____

Markings TWHBEA

Horse Owner Ben Brodson Daytime Phone _____
Mailing Address b(6)
City, State Jallahawee Fla Zip 32309

Horse Trainer Charlie Green Trainer's License # 88262
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Charlie Green Amateur/Juvenile # _____
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1466 Exhibitors Class No. 50
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 6:27 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance
concealed + shown

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOIA 10-042:000140

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

X



28335

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWH NC
City, State Shelbyville In
Show Manager Dr Doyle Meadows

Horse's Name Unforgettable Pusher Registration Number 973758
Age _____ Sex _____ Color _____
Markings _____

In TWHBEA: Brook Haven Stables- Charles Bleghorn
Horse Owner Charles Bleghorn Daytime Phone (931) 684-9506
Mailing Address [REDACTED]
City, State Fayetteville TN Zip 37134

Horse Trainer Brett Boyd Trainer's License # 89273
Mailing Address [REDACTED]
City, State Petersburg In Zip 37144
Daytime Phone _____

10/10/09

Horse Exhibitor Jordan Dempsey Amateur/Juvenile # 2872-09
Mailing Address _____
City, State Petersburg TN Zip 37144

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 838 Exhibitors Class No. 494
Class Description Pre
B. Sale or Auction Tag _____

Inspection Date 8/28 Time 630 A.M. (P.M. (circle one))
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral NPA Pre-

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Brett Boyd DQP's Signature / License #: Will S. [unclear] #100

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28336

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual BW HNC
City, State Shelbyville In
Show Manager Dr Boyle Meadows

Horse's Name King of Voltage Registration Number 20702944
Age _____ Sex _____ Color _____

Markings Per TWHBA: Austin Haas + Lille McNatt

Horse Owner Kevin Mc Natt Daytime Phone Bresslyn
Mailing Address b(6)
City, State Nashville TN Zip 37205

Horse Trainer Jason Day Trainer's License # 93644
Mailing Address b(6)
City, State Bell Buckle TN Zip 37020
Daytime Phone _____

Horse Exhibitor Jason Day Amateur/Juvenile # _____
Mailing Address b(6)
City, State Bell Buckle TN Zip 37020

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 111 Exhibitors Class No. 50
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 6:42 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance Correct + showed!

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE Ruth Nantz #2084
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28337

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual JWHNC
City, State Shelbyville In
Show Manager Dr. Doyle Meadows

Horse's Name Card Trick Registration Number 2020e262
Age _____ Sex _____ Color _____
Markings _____

Per TH/BEA:

Horse Owner Stacy + Alex Blackburn Daytime Phone _____
Mailing Address _____
City, State Franklin TN Zip 37064

10/1/09

Horse Trainer C. Bryan Smith Trainer's License # 001147
Mailing Address _____
City, State Franklin TN Zip 37064
Daytime Phone _____

Horse Exhibitor Alex Blackburn Amateur/Juvenile # 0307
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1202 Exhibitors Class No. 49A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-28-09 Time 6:42 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scan Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Will E. Smith #100

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

WE



28338

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual JWHNC
City, State Shelbyville In 37160
Show Manager Dr Doyle Meadors

Horse's Name Firey's Encore Registration Number 20403506
Age Sex Color
Markings Per TWBREA

Horse Owner Stephanie & Chris Elliott Daytime Phone
Mailing Address b(6)
City, State Tusculuma AL Zip 35674

Horse Trainer Derek Price Trainer's License # 081529
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone

Horse Exhibitor Chris Elliott Amateur/Juvenile # 1748-09
Mailing Address
City, State Zip

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 392 Exhibitors Class No. 49B
Class Description
B. Sale or Auction Tag

Inspection Date 8/28/09 Time 658 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule Pae HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] #208
CUSTODIAN OR ASSISTANT'S SIGNATURE [Signature] #100

X

157

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28339

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual
City, State Shelbyville TN
Show Manager Dr Doyle Meadow

Horse's Name Wrigley's Field Registration Number 20707332
Age _____ Sex _____ Color _____
Markings _____

Per TWHEBA: Bruce MacDonald
Horse Owner Bruce & Robert MacDonald Daytime Phone _____
Mailing Address: b(6)
City, State Mableton, GA Zip 30126

Horse Trainer Dick Peebles Trainer's License # 88148
Mailing Address: b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone: b(6)

Horse Exhibitor Dick Peebles Amateur/Juvenile # _____
Mailing Address: b(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1662 Exhibitors Class No. 50
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 7:08 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance Carried & Showing

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # [Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28340

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr. Doyle Meadows

Horse's Name Sky Search Registration Number 20409718
Age _____ Sex _____ Color _____
Markings _____
Pr TWHBEA

Horse Owner Gayle Holcomb Daytime Phone _____
Mailing Address b(6)
City, State Marina del Rey Ca Zip 90292

10/10/09

Horse Trainer Earnest Upton Trainer's License # 88178
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone b(6)

Horse Exhibitor Gayle Holcomb Amateur/Juvenile # 1727-09
Mailing Address _____
City, State Marina del Rey Ca Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 967 Exhibitors Class No. 51
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-28-09 Time 7:22 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAN Rule NPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

Earnest Upton
TRAINER'S SIGNATURE

Will Elms #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28344

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TW4NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jazzman Blues
Registration Number 20600196
Age Sex Color

Markings Per TW4NBEA: James + Judy Leek-

Horse Owner Norma + Teresa Williams
Mailing Address
City, State Dothan AL Zip 36301

Horse Trainer Joe Cotton
Trainer's License # 89425
Mailing Address
City, State Rockvale TN Zip 37153
Daytime Phone

Horse Exhibitor Joe Cotton
Amateur/Juvenile #
Mailing Address
City, State Rockvale TN Zip 37153

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1076 Exhibitors Class No. 52B
Class Description
B. Sale or Auction Tag

Inspection Date 8/28/09 Time 8:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature Will Elf #100
DQP's Signature / License #

CUSTODIAN OR ASSISTANT'S SIGNATURE

+

WE



28345

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWH NC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows
Per TWHBEA:

Horse's Name Ridge Top Registration Number 2060491
Age _____ Sex _____ Color _____
Markings _____
Per TWHBEA:

Horse Owner Christ + Denise Walker Daytime Phone _____
Mailing Address b(6)
City, State Crossville TN Zip _____
Denise - Crossville, TN 38555

Horse Trainer Casper Wright Trainer's License # 001140
Mailing Address b(6)
City, State Reagan TN Zip 38368
Daytime Phone _____

Horse Exhibitor Casey Wright Amateur/Juvenile # 10101-09
Mailing Address b(6)
City, State Reagan TN Zip 38368

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 273 Exhibitors Class No. 52B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 8:20 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Target Substance Scan Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Keith Young #208
CUSTODIAN OR ASSISTANT'S SIGNATURE Will Ems #100
DQP'S SIGNATURE / LICENSE #

X



28346

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date Aug 28

Name of Show 41st Annual TWHE
City, State Shelbyville IN
Show Manager De Doye Meador

Horse's Name Kody's Bad Boy Registration Number 20604408
Age _____ Sex _____ Color _____
Markings 2 hind white

Per TWHEA: James V. Woodburn ^{b(6)} _____
Horse Owner Dean Hutchinson Hutchinson Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Woodlawn TN Zip 37191

Horse Trainer TRANS DRAFT Trainer's License # Pending
Mailing Address ^{b(6)} _____
City, State Crafton KY Zip 42217
Daytime Phone ^{b(6)} _____

Horse Exhibitor Same As Trainer Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1396 Exhibitors Class No. 53
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 28 Time 830 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature _____ DQP's Signature / License # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28347

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 08/28/09

Name of Show 71 Annual TN & NC
City, State Shelbyville TN
Show Manager Shelbyville TN

Horse's Name Gangster's Hit Man Registration Number 20503740
Age _____ Sex _____ Color _____

Markings Per TDHBEA: Jake Jacobs ^{b(6)} _____

Horse Owner Clark Farms Daytime Phone 7132548
Mailing Address ^{b(6)} _____
City, State Arab AL Zip 35016

Horse Trainer David Cannon Trainer's License # 991075
Mailing Address ^{b(6)} _____
City, State Arab AL Zip _____
Daytime Phone _____
10/10/09
10/23/10

Horse Exhibitor Nathan Clark Amateur/Juvenile # _____
Mailing Address ^{b(6)} _____
City, State Arab AL Zip 35016

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1480 Exhibitors Class No. 53
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28 Time 8:40 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
OVER size chain / USDA checked referred back
3rd place Post show HRA

(Office Use Only): let 1 over weight chain

DQP notified Show Management that such horse was excused or disqualified
Trainer's Signature: David Cannon DQP's Signature / License #: Ty Shob #209

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X



28348

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager DR Doyle Meadows

Horse's Name Elvis Pusher
Registration Number 940704
Age Sex Color
Markings Pn TWHBEA

Horse Owner John Furlow
Daytime Phone
Mailing Address
City, State Athens AL Zip 35613

10/10/09

Horse Trainer Tommy Warren
Trainer's License # A041500
Mailing Address
City, State Pulaski TN Zip 38478
Daytime Phone

Horse Exhibitor Clay Sanderson
Amateur/Juvenile # 221109
Mailing Address
City, State Zip

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 599 Exhibitors Class No. 55
Class Description
B. Sale or Auction Tag

Inspection Date Time 10:21 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
SQAR Rule Post show 1st place
HPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE DQPS SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE

WE



28349

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual
City, State Shelbyville TN
Show Manager Shelbyville Dr Doyle Meador

Horse's Name Down Under Registration Number 937438
Age _____ Sex _____ Color _____
Markings _____

Per TDHBEA: S&P Farms - Robert S Pollack
Horse Owner Pollack Silver Spur Ranch Daytime Phone _____
Mailing Address b(6)
City, State Saratoga, CA Zip 95070

10/10/09

Horse Trainer Jimmy Norris Trainer's License # 91523
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone b(6)

Horse Exhibitor Patti Pollack Amateur/Juvenile # 0900-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1339 Exhibitors Class No. 55
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 8:47 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only): 0

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # Keith [unclear] #208
Will [unclear] #100



28351

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 21st Annual + WHNC
City, State Shelbyville TN
Show Manager

Horse's Name The Silver Bandit
Registration Number 979912
Age Sex Color
Markings

Horse Owner Kim & Scott Leonard
Mailing Address
City, State Greendale WI Zip 53129

Horse Trainer Brandee Mills
Mailing Address
City, State Arrington TN Zip 37014
Daytime Phone

10/10/09
10/09/09

Horse Exhibitor Kim Leonard
Amateur/Juvenile # 1075-09
Mailing Address
City, State Greendale WI Zip

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 1811 Exhibitors Class No. 58
Class Description
B. Sale or Auction Tag

Inspection Date 8/28/09 Time 10:40 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Bottom. hoof tester
Border line Bad Image locomotion.

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE
CUSTODIAN OR ASSISTANT'S SIGNATURE
DQP'S SIGNATURE / LICENSE #

X



28352

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 28, 09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager I

Horse's Name Parole watch Registration Number 20604111
Age 3 Sex G Color Bay Roan
Markings _____

Per TWHREA: Linda + O.B. Daughtridge

Horse Owner CB Daughtridge (b(6))
Mailing Address _____
City, State Rocky Mt NC Zip 27801

Horse Trainer Mike Klud- (b(6)) Trainer's License # 051416
Mailing Address _____
City, State Mont Hrey NC Zip 271030
Daytime Phone 37030

Horse Exhibitor CB Daughtridge Amateur/Juvenile # _____
Mailing Address _____ (b(6))
City, State Rocky MT NC Zip 27801

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 445 Exhibitors Class No. 58
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 28, 09 Time 1030 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral sore
Hook tests (L) Foot sore

(Office Use Only): Tony Edwards test Hook testers

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE [Signature]

DQP'S SIGNATURE / LICENSE # [Signature] #207



28341

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHNC

City, State Shelbyville In

Show Manager Dr Doyle Meadows

Per TWHBEA: Call Me Nobody

Horse's Name I'm Nobody Registration Number 2060333

Age _____ Sex _____ Color 20606333

Markings _____

Per TWHBEA: Bradie Thornton

Horse Owner Bradie Thornton Daytime Phone _____

Mailing Address [Redacted]

City, State Palmelto Fla Zip 34221

Horse Trainer Ronnie Spears Trainer's License # 88004

Mailing Address [Redacted]

City, State Tullahoma TN Zip 37388

Daytime Phone [Redacted]

Horse Exhibitor Ronnie Spears Amateur/Juvenile # _____

Mailing Address [Redacted]

City, State Tullahoma TN Zip 37388

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 694 Exhibitors Class No. 52A
Class Description 52A

B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 3:41 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE
Cindy Sullivan

Will [Signature] #100

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

7



28342

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/28/09

Name of Show 71st Annual TWHC
City, State Shelbyville TN
Show Manager De Doyle Meadows

Horse's Name Kentucky Pushin's Pride Registration Number 20314945
Age _____ Sex _____ Color _____

Markings
PA THUREA; Makenzie Young

Horse Owner Dylan Young Daytime Phone _____
Mailing Address [REDACTED]
City, State MT Sterling, Ky Zip 40353

10/10/09

Horse Trainer Mike Owen Trainer's License # 96392
Mailing Address [REDACTED]
City, State MT Sterling, Ky Zip 40353
Daytime Phone _____

Horse Exhibitor Dylan Young Amateur/Juvenile # 0873-09
Mailing Address [REDACTED]
City, State MT Sterling, Ky Zip 40353

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 777 Exhibitors Class No. 49B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/28/09 Time 7:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR Rule
POST
HRA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] #83
DQP'S SIGNATURE / LICENSE #

[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOIA # 042-000156

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy



28343

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/28/09

Name of Show 71st Annual
City, State Shelbyville In
Show Manager Dr Doyle Meadows

Horse's Name Swing Batter Batter Swing Registration Number 20604960
Age _____ Sex _____ Color _____
Markings _____

Per TWHEBA:
Horse Owner Jimmi + Jude Richards Daytime Phone _____
Mailing Address _____
City, State Browsville Ky Zip 42210

Horse Trainer Scotty Brooks Trainer's License # 071516
Mailing Address _____
City, State Bowling Green Ky Zip 42103
Daytime Phone _____

Horse Exhibitor Scotty Brooks Amateur/Juvenile # 071516
Mailing Address _____
City, State Bowling Green Ky Zip 42103

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1051 Exhibitors Class No. 52A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 28, 09 Time 750 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance MPA
Cancelled F Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual TWHNE
City, State Shelbyville Inspection Date 8/29/05
Show Manager Dr Doyle Meadows Inspection Time 6:53 A.M. P.M.
(circle one)

Horse's Name Colors' Staggerlee Registration # 19905643

Per TWHBEA: Diana Christian
Horse Owner Krute Christian Daytime Phone _____
Address b(6)
City, State Tuscaloosa AL Zip 35401

Horse Trainer Lorenzo Smith Trainer's Lic. # 091595 A00450
Address b(6)
City, State Shelbyville TN Zip 37160

Horse Exhibitor Diana Christian
Address b(6)
City, State Tuscaloosa AL Zip 35401
Exhibitor's # / Sale or Auction Tag # 1793 Class # 73A

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other _____

DQP's Initials [Signature]
#209

Show management notified

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual TWHNC
City, State Shelbyville TN Inspection Date 8/29/09
Show Manager Dr Doyle Meadows Inspection Time 850 A.M. P.M.
(circle one)

Per TWHBEA: The Indy Five Hundred
Horse's Name The Indy 500 Registration # 967558 20314207
Entry Sheet

Horse Owner Jo Ann Dowell Daytime Phone _____
Address b(6)
City, State Canton Ohio Zip 43065
Powell OH

Horse Trainer Abad Thompson Trainer's Lic. # 97872
Address b(6)
City, State Unionville IN Zip 37180

Horse Exhibitor Jo Ann Dowell
Address b(6)
City, State Powell OH Zip 43065
Exhibitor's # / Sale or Auction Tag # 500 Class # 78

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Out when Rode in 602 Rollers
Tracy Edwards #209 Show management notified
DQP's Initials

X

S.H.O.W. "UNACCEPTABLE" INFORMATION FORM

Name of Show 71st Annual Twitwe
 City, State Shelbyville TN Inspection Date 8/29/09
 Show Manager Dr Doyle Meadow Inspection Time _____ A.M. P.M.
 (circle one)

And
 Horse's Name Armed + Trigger Registration # 20107760
Happy

TWHBEA
 Horse Owner Debbie + Jim Nichols Daytime Phone _____
 Address b(6)
 City, State New Market, TN Zip 37820

Horse Trainer Patrick Thomas Trainer's Lic. # 041335
 Address b(6)
 City, State Cedar Grove TN Zip 38024

Horse Exhibitor Patrick Thomas
 Address b(6)
 City, State Cedar Grove TN Zip 38024
 Exhibitor's # / Sale or Auction Tag # 660 Class # 75

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Reaction to Hoof testers
Edy Both Feet Show management notified
 DQP's Initials #209

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st Annual TNWC
City, State Shelbyville TN Inspection Date 8/29/05
Show Manager De Doyle Meadows Inspection Time 8:10 A.M. P.M.
(circle one)

Horse's Name EB's Pushy Lady Registration # 9812275

Per TWHBEA:
Horse Owner Tim & Annie Baker Phone _____
Address [Redacted]
City, State Olive Branch KY Zip 41164
Olive Hill, KY

Horse Trainer Lorenzo Smith Trainer's Lic. # 091595
Address [Redacted]
City, State Shelbyville TN Zip 37160

Horse Exhibitor Annie Baker
Address [Redacted]
City, State Olive Hill KY Zip 41164
Exhibitor's # / Sale or Auction Tag # 1840 Class # 76

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Ask to Go back to Trailer
by check #209 Before being put in
DQP's Initials [Signature] Show management notified
Time Out

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71 Annual TWHNC
City, State Shelbyville TN Inspection Date 8/29/09
Show Manager Dr Doyle Mendow Inspection Time 8:18 A.M. P.M.
(circle one)

Horse's Name Bat Hee Up Registration # 20704862

Per TWHBEA: Darrell W. Frazier
Horse Owner Frazier & Frazier Farm Daytime Phone _____
Address b(6)
City, State Jamestown, TN Zip 37556

Horse Trainer Justin Jenne Trainer's Lic. # 96812
Address b(6)
City, State Shelbyville, TN Zip 37162

Horse Exhibitor Justin Jenne
Address b(6)
City, State Shelbyville TN Zip _____
Exhibitor's # /Sale or Auction Tag # 292 Class # 77A

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other Poor Locomotion / Reaction Inconsistent on Left foot
DQP's Initials [Signature] Show management notified

S.H.O.W. "UNACCEPTABLE"
INFORMATION FORM

Name of Show 71st ANNUAL TWHNC
City, State Shelbyville TN Inspection Date 08/29/09
Show Manager Dr Doyle Moore Inspection Time 9:11 A.M. P.M.
(circle one)

Per TWHBEA
Horse's Name Smoke N CASHM Registration # 20310348

Per TWHBEA: Charles Stivers -
Horse Owner Charles Stivers Daytime Phone _____
Address b(6)
City, State Manchester Ky Zip 40962
Manchester, Ky

Horse Trainer Jose H. Hernandez Trainer's Lic. # A031490
b(6)
Address _____
City, State Russell Springs Ky Zip 42642-0086

Horse Exhibitor Charles Stivers 9545-09
Stivers
Address b(6)
City, State Manchester Ky Zip 40962
Exhibitor's # /Sale or Auction Tag # 1769 Class # 80

CHECK ONE

Unacceptable One limb (Horse that gives an inconsistent, non-repetitive response in one limb but nevertheless the response gives the DQP concern as to the soundness of that limb.)

Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

Unacceptable Locomotion (Horse that meets the standards of the DQP inspection in the Physical Examination and General Appearance categories, but shows signs in locomotion that give the DQP concern as to its soundness and is not a result of anything done by a person.)

Unacceptable - Other _____

P.E.
DQP's Initials

Show management notified

X



28353

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date Aug 29, 09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name F'n on Edge Registration Number 20103804
Age _____ Sex _____ Color _____
Markings Per TWHBEA: Susan Paul

Horse Owner Susan Paul Daytime Phone _____
Mailing Address _____
City, State Monroe, GA Zip 30656

10/16/09

Horse Trainer Jerry Beatty Trainer's License # 88028
Mailing Address _____
City, State Belvidere, TN Zip 37206
Daytime Phone _____

Horse Exhibitor Susan Paul Amateur/Juvenile # 0350-8
Mailing Address _____
City, State Monroe, GA Zip 30656

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 124 Exhibitors Class No. 73A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 29 Time 6:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SEAR HPA

(Office Use Only): Re Check William Edwards

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE

+

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

Tennessee Walking Horse

28354

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/29/09

Name of Show 71st Annual
City, State Shelbyville TN
Show Manager Dr Doyle meadow

Horse's Name Editions Power Pusher Registration Number 20013005
Age _____ Sex _____ Color _____
Markings _____

PH TWHBEA:

Horse Owner Dr Noem Walton Daytime Phone _____
Mailing Address b(6)
City, State Knoxville, TN Zip 37914

Horse Trainer Wayne Conley Trainer's License # A031811
Mailing Address b(6)
City, State Rutledge, TN Zip 37861
Daytime Phone _____

Horse Exhibitor Judy Walton Amateur/Juvenile # 0581-09
Mailing Address b(6)
City, State Knoxville TN Zip 37914

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1326 Exhibitors Class No. 73A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 655 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule / Foreign Substance MFA
Came Left Front Foot

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified
Wayne Conley TRAINER'S SIGNATURE
Troy Shelby #209 DQP'S SIGNATURE / LICENSE #
Will Edwards #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28355

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-29-09

Name of Show 71st TWHNA
City, State Shelbyville
Show Manager Dr Doyle Meadows
Per TWHBEA:

Horse's Name Votquero Vaquero Registration Number 20403590
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: Sherman & Diana Williams
Horse Owner Sherman & Diana Williams Jordan Caudill
Mailing Address _____ Daytime Phone _____
City, State Stanford, Ky Zip 40484

Horse Trainer Billy Joe Hanes Trainer's License # 041348
Mailing Address _____
City, State Danville Ky Zip 40422
Daytime Phone _____

Horse Exhibitor Billy Joe Hanes Amateur/Juvenile # _____
Mailing Address _____
City, State Danville Ky Zip 40422

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 298 Exhibitors Class No. 79
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 7:08 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance
correct + reinspect

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Milo Lopez DQP'S SIGNATURE / LICENSE # [Signature] #207
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X



28356

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date Aug 21 09

Name of Show 71st Annual TWHNC
City, State Shelbyville In
Show Manager Dr Doyle Meadows

Horse's Name Night Fall At The Ritz Registration Number 20314099
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: Rom Folger Rum
Horse Owner Rom Folger Daytime Phone _____
Mailing Address [REDACTED]
City, State Dobson, NC Zip 27017

10/1/09 Horse Trainer Derek Morahan Trainer's License # 061452
Mailing Address [REDACTED]
City, State Ivanhoe VA Zip 24350
Daytime Phone _____

Horse Exhibitor Derek Morahan Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Ivanhoe Va Zip 24350

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1708 Exhibitors Class No. 74
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 29 09 Time 720 A.M. PM (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
VA/ Lateral Joint HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #207

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

X



28357

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNC
City, State Shelbyville In
Show Manager D Doyle Meadows

Horse's Name The Santana Pushover Registration Number 20114287
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Grover Blaylock + Wilson Blaylock b(6)

Horse Owner Grover Blaylock & Daytime Phone _____
Mailing Address b(6)
City, State Cuttman, At Hanceville, AL Zip 35076 35077

10/10/09
Horse Trainer Justin Harris Trainer's License # 021209
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone b(6)

Horse Exhibitor Justin Harris Amateur/Juvenile # _____
Mailing Address SAME
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 403 Exhibitors Class No. 74
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-29-09 Time 7:20 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scam Rule HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE
Dennis N. Hensley
CUSTODIAN OR ASSISTANT'S SIGNATURE

Will Edm #100
DQP'S SIGNATURE / LICENSE
Butt

X

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28358

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name He's Solid As A Rock Registration Number 20512073
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Darrell Frazier - P.O. Box [REDACTED]

Horse Owner Frazier + Jenne Daytime Phone _____
Mailing Address [REDACTED]
City, State Shelbyville, TN Zip 37162

Horse Trainer Justin Jenne Trainer's License # 96812
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37162
Daytime Phone [REDACTED]

Horse Exhibitor Justin Jenne Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37162

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 787 Exhibitors Class No. 74
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 29 09 Time 735 A.M. / P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral sore

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # [Signature]

SHOW

Tennessee State Fair

28359

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager D. Doyle Meadows

Horse's Name Stem Windee Registration Number 20008114
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA: David & Elizabeth Daub

Horse Owner David & Libby Daub Daytime Phone _____
Mailing Address [REDACTED]
City, State Estill Springs, TN Zip 37330

Horse Trainer Brad Beard Trainer's License # 31297
Mailing Address [REDACTED]
City, State Wartrace TN Zip 37183
Daytime Phone _____

10/10/09

Horse Exhibitor Libby Daub Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 713 Exhibitors Class No. 72B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29/09 Time 726 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
unilateral sore HPA
Left Foot

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # [Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28360

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-29-09

Name of Show 71st Annual TWHNE
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Per TWHBEA:
Horse's Name Sweepstakes Hy^{AND}Mighty Registration Number 20303122
Age _____ Sex _____ Color _____

Markings
Per TWHBEA: Jeffrey Hinson + Josh Wright

Horse Owner Jeffrey Hinson Daytime Phone _____
Mailing Address b(6)
City, State Hohenwald, TN Zip 38462

Horse Trainer Casey Wright Trainer's License # 001140
Mailing Address b(6)
City, State Reagan TN Zip 38368
Daytime Phone _____

Horse Exhibitor Casey Wright Amateur/Juvenile # _____
Mailing Address same
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 269 Exhibitors Class No. 74
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/29 Time 7:30 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar rule MBA
SHOW Camera

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE Ty Edwards #209
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

X



28361

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/29/09

Name of Show 71st Annual TWHNC
City, State Shelbyville TN
Show Manager DR Doyle Meadows

Horse's Name Halter Ego Registration Number 20101656
Age _____ Sex _____ Color _____

Markings _____
Per TWHBEA: Mike Inman b(6)

Horse Owner Chase Cooper Daytime Phone _____
Mailing Address _____
City, State MT Juliet TN Zip 37122

Horse Trainer Carl Bledsoe Trainer's License # 88035
Mailing Address _____
City, State Ball Ground GA Zip 30107
Daytime Phone _____

Horse Exhibitor Analisa Cooper Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 1738 Exhibitors Class No. 76
Class Description _____
B. Sale or Auction Tag 8/29

Inspection Date 8/29 Time 7:40 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substances C/Showed

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Carl Bledsoe TRAINER'S SIGNATURE
Doyle Meadows DQP'S SIGNATURE / LICENSE # #208

CUSTODIAN OR ASSISTANT'S SIGNATURE



27885

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-18-09

Name of Show State Fair of West VA.
City, State Lewisburg W VA
Show Manager _____

Horse's Name Comanche Registration Number 1199
Age 4 Sex Gelding Color Black
Markings Snip on nose

Horse Owner Allison Feury Daytime Phone b(6)
Mailing Address b(6)
City, State Gap Mill W VA Zip 24941

Horse Trainer _____ Trainer's License # _____
Mailing Address _____
City, State Same Zip _____
Daytime Phone _____

Horse Exhibitor Dana Feury Amateur/Juvenile # _____
Mailing Address b(6)
City, State Gap Mill W VA Zip 24941

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 297 Exhibitors Class No. 122 Class Description Walking Country Pleasure
B. Sale or Auction Tag _____

Inspection Date 8-18-09 Time 5:11 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shod Lite Shod Shoe

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

FOIA 10-042-000173

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

Tennessee Walking Horse

28112

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-17-09

Name of Show State Fair of West Virginia
City, State Lewisburg West Virginia
Show Manager Joyce Wilson

Horse's Name Ritz Sudden Impact Registration Number 20400113
Age 6 Sex Stallion Color Chestnut
Markings Blaze Right hind sock

TWHBEA

Brown Painter

Horse Owner Crown Hill Walkers Daytime Phone _____
Mailing Address b(6)
City, State Leon WVA Zip 25123

Horse Trainer Rusty Casto Trainer's License # _____
Mailing Address b(6)
City, State Leon WVA Zip 25123
Daytime b(6)

Horse Exhibitor Brian Painter Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 344 Exhibitors Class No. 107 Class Description Walking Show Pleasure
- B. Sale or Auction Tag _____

Inspection Date 8-17-09 Time 6:15 A.M. PM (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shod 3 1/4 Toe 2 1/4 Pad

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

Rusty Casto
TRAINER'S SIGNATURE

Will Edley #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

FOIA 10-042-000174

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28113

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-17-09

Name of Show State Fair of WVA
City, State Lewisburg WVA
Show Manager Joyce Wilson

Horse's Name SKY HAWK Registration Number 970064
Age 12 Sex Stallion Color Black
Markings Star
+ WHITE

Horse Owner Jared Nestor Daytime Ph b(6)
Mailing Address b(6)
City, State Belington WVA Zip 26250

Horse Trainer _____ Trainer's License # 2760-09
Mailing Address _____
City, State Same as owner Zip _____
Daytime Phone _____

9/30/09
9/29/2010

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address Same as owner
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 178 Exhibitors Class No. 117 walking Park Perf.
B. Sale or Auction Tag _____

Inspection Date 8-17-09 Time 8:16 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SCAN Rule
Bilateral SORE

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

FOIA 10-042-000175

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

SHOW

Tennessee State Horse

28114

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-18-09

Name of Show State Fair of West Virginia
City, State Lewisburg W VA.
Show Manager _____

Horse's Name Thumper Time Registration Number 9611441
Age 13 Sex Gelding Color Bay
Markings Star 2 hind Socks
TW HBEA
David W Barber ^{b(6)} _____

Horse Owner SARAH GIFT Daytime Phone 540 750-1087
Mailing Address ^{b(6)} _____
City, State Christiansburg VA Zip 24073
42102

9/30/09

Horse Trainer / Trainer's License # _____
Mailing Address _____
City, State SAME Zip _____
Daytime Phone _____

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address SAME
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 343 Exhibitors Class No. 122 Class Description Walking Ama Country Pleas
B. Sale or Auction Tag _____

Inspection Date 8-18-09 Time 5:00 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

SEAR Rule

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



28115

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-18-09

Name of Show State Fair of WVA
City, State Lewisburg WVA
Show Manager Joyce Wilson

Horse's Name Little Man Registration Number RBB A09
Age 10 Sex Gelding Color Dark Bay
Marking [REDACTED]

Horse Owner Dean Hagerman Daytime Phone [REDACTED]
Mailing Address [REDACTED]
City, State Rock WVA Zip 24747

Horse Trainer _____ Trainer's License # _____
Mailing Address _____
City, State _____ Zip _____
Daytime Phone SAME AS OWNER

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address SAME AS OWNER
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 340 Exhibitors Class No. 121 Class Description Country Pleas. Racking
B. Sale or Auction Tag _____

Inspection Date 8-18-09 Time 6:25 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Failure to Return To DQP After the Class

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Dean Hagerman TRAINER'S SIGNATURE Will [Signature] DQP'S SIGNATURE / LICENSE # A100

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28095

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show War Trace Horse Show
City, State Wartrace, TN
Show Manager Ray Ferguson, Jr

Horse's Name Exclusive Gold Registration Number 941705

Age _____ Sex _____ b(6)

Markings Karmen Miller b(6)
Wendy Owenby b(6)
TWHBEA

Horse Owner Zachary Swafford (Juvenile) Daytime Phone _____

Mailing Address _____ b(6)

City, State Pikeville, TN Zip 37367

Horse Trainer Jammy Swafford Trainer's License # 2035

Mailing Address _____ b(6)

City, State Pikeville, TN Zip 37367

Daytime Phone _____

Horse Exhibitor Zachary Swafford Amateur/Juvenile # 2036

Mailing Address _____ b(6)

City, State Pikeville TN Zip 37367

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 137 Exhibitors Class No. 7B
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/1/09 Time 7:10 A.M. - P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore MPA
Left foot

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] #209
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000178

SHOW

Tennessee Horse Shows Association

28097

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson

Horse's Name Fan Fear Registration Number 2061153
Age _____ Sex _____ Color _____
Markings TWHBEA

Horse Owner Dick & Sallee Reiley Daytime Phone _____
Mailing Address b(6)
City, State Lewisburg, TN Zip 37091

Horse Trainer Jackie Byrom Trainer's License # 031301
Mailing Address b(6)
City, State Tullahoma, TN Zip _____
Daytime Phone _____

Horse Exhibitor Sally Reiley Amateur/Juvenile # 166509
Mailing Address b(6)
City, State Lewisburg, TN Zip 37091

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 125 Exhibitors Class No. 7
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 1st Time 7:12 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore
Both DQPs + DR Mullins HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jackie Byrom TRAINER'S SIGNATURE
Roy Ferguson #209 DQP'S SIGNATURE / LICENSE #
Scott Davis #208

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

28098

Tennessee State Fair

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-1-09

Name of Show WANTACE WALKING SHOW
City, State WANTACE TN
Show Manager _____

Horse's Name Party At Sunrise Registration Number 987887
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Ray Jones Trucking Daytime Phone _____
Mailing Address b(6)
City, State Greenville, Ky Zip 42345

Horse Trainer Chad Way Trainer's License # 89430
Mailing Address b(6)
City, State Shelbyville, TN Zip 37160
Daytime Phone _____

Horse Exhibitor Steve Jones Amateur/Juvenile # 2096-09
Mailing Address b(6)
City, State Greenville, Ky Zip 42345

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 181 Exhibitors Class No. 11
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-1-09 Time 7:35 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Left Foot up Front
Unilateral Sore

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Chad Way DQP'S SIGNATURE / LICENSE # Keith Myers 208

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

28104

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson

Horse's Name Slammin Sam Registration Number 20600097
Age _____ Sex _____ Color _____
Markings TWHBEA James Loftin

Horse Owner Don Bridges Daytime Phone _____
Mailing Address _____
City, State Dawson, GA. Zip 39842

Horse Trainer Cliff Loftin Trainer's License # 89296
Mailing Address _____
City, State Shelbyville, TN Zip 38401
Daytime Phone Columbia TN

Horse Exhibitor Cliff Loftin Amateur/Juvenile # 89294
Mailing Address _____
City, State Columbia TN Zip 38401

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 199 Exhibitors Class No. 15
Class Description _____
B. Sale or Auction Tag _____

Inspection Date August 1st Time _____ A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore
walking in rollers in trailers (Both DQP's
+ Dr Mullens)

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
* Cliff Loftin TRAINER'S SIGNATURE
Roy Ferguson #209 DQP'S SIGNATURE / LICENSE #
Cliff Loftin #208

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000181

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28105

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson

Horse's Name Jazz Maker Registration Number 20600692
Age _____ Sex _____ Color _____

Markings TWINKER
Betsy Gardner

Horse Owner [Redacted] Daytime Phone _____
Mailing Address [Redacted]
City, State Wartrace, TN Zip 37182

Horse Trainer Bobby Sanders Trainer's License # 081567
Mailing Address [Redacted]
City, State Wartrace, TN Zip _____
Daytime Phone _____

Horse Exhibitor Mary Mack Hall Amateur/Juvenile # 1312-09
Mailing Address [Redacted]
City, State Wartrace TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 133 Exhibitors Class No. 14
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 1st Time 8:20 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal Shoeing MPA
Both DQPs

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE [Signature] #209 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE [Signature] #208

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28107

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson

20610617

Horse's Name In A Danger Zone Registration Number Pending
Age _____ Sex _____ Color _____

Markings TW H3EA

Horse Owner Dr. + Mrs. Rosser Wall Daytime Phone _____
Mailing Address _____
City, State Wall/Clinton, MS Zip _____

Horse Trainer Lorenzo Smith Trainer's License # A00450
Mailing Address _____
City, State Lewisburg, TN Zip _____
Daytime Phone _____

9/11/09

Horse Exhibitor Jack Way Amateur/Juvenile # Pending
Mailing Address _____
City, State Tuscaloosa AL Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 150 Exhibitors Class No. 18
Class Description _____
B. Sale or Auction Tag _____

Inspection Date August 1 Time 9:40 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore HPA
Post Show Both DQP's
(Office Use Only): Right foot

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 209
CUSTODIAN OR ASSISTANT'S SIGNATURE [Signature] 208



28109

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/1/09

Name of Show Wartrace Horse Show
City, State Wartrace, TN
Show Manager Roy Ferguson, Jr

Horse's Name Undercover Dalla Registration Number 20508226

Age _____ Sex _____ Color _____
Markings Kim Greczi Richard

TWABEA:

Horse Owner Greczi & Ward Daytime Phone _____
Mailing Address _____
City, State Shelbyville, TN Zip _____

Horse Trainer Derek Price Trainer's License # _____
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

9/1/09

Horse Exhibitor Kim Greczi Amateur/Juvenile # 1573-09
Mailing Address _____
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 155 Exhibitors Class No. 19
Class Description _____
B. Sale or Auction Tag _____

Inspection Date August 1 Time 9:50 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore HIT (Post Show)
Left foot (Lateral side) DR Mullins

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE _____
DQP'S SIGNATURE / LICENSE # 76



27814

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-15-09

Name of Show 27th Annual Spring Hill
City, State Spring Hill, TN
Show Manager Jeff Cromer

Horse's Name Dangerous Dream Girl Registration Number 20008235
Age 3 year old Sex M Color _____
Markings TW+BEA

Horse Owner Jeff Duke Daytime Phone _____
Mailing Address _____
City, State Bon Aqua, TN Zip 37025

Horse Trainer Mike Whitte Trainer's License # AAA081546
Mailing Address _____
City, State Fairview TN Zip 37062
Daytime Phone _____
9/14/09
10/6/09

Horse Exhibitor Mike Whittenburg Amateur/Juvenile # _____
Mailing Address _____
City, State Fairview, TN Zip 37062

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 846 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-15-09 Time 8:37 A.M. (P.M. (circle one))
List the violation/violations that have resulted in the horse being disqualified or excused.

foreign substance After inspection, observed application of white greasy substance

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE LICENSE # 211
208

SHOW

27815

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-15-09

Name of Show Spring Hill River Club Show
City, State Spring Hill
Show Manager Jeff Cromer

Horse's Name I'm Show Boatin Registration Number 20411669
Age 4 Sex _____ Color _____
Markings _____

Horse Owner Curt & Lisa Steinback Daytime Phone _____
Mailing Address _____
City, State St Petersburg Fla Zip 33703

Horse Trainer Daniel Cruz Trainer's License # 991041
Mailing Address _____
City, State Devore CA Zip 92407
Daytime Phone _____

pd
8/15/09

Horse Exhibitor Lisa Steinback Amateur/Juvenile # 0849-69
Mailing Address _____
City, State ST Petersburg Fla Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 587 Exhibitors Class No. _____
Class Description 16
- B. Sale or Auction Tag _____

Inspection Date 8-15-09 Time 9:15 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Daniel Cruz TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



27816

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-15-09

Name of Show Spring Hill Lions Club Horse Show
City, State Spring Hill TN
Show Manager Jeff Cromer

20700672

Horse's Name Ms Nora Jones Registration Number 20708401

Age 2 Sex _____ Color _____

Markings _____

TW HREA

Horse Owner Lara Lauren Daytime Phone _____

Mailing Address b(6)

City, State Jackson

*Per Doc Mulliens
Not one foot
watched video*

Horse Trainer Jeff Willis Daytime Phone 38307

Mailing Address b(6)

City, State Belle Phone # 93205

Daytime Phone _____

Horse Exhibitor Benjamin Phone # 182009

Mailing Address _____

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 677 Exhibitors Class No. 17
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8-15-09 Time 9:25 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral Sore HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

Jeff Willis
TRAINER'S SIGNATURE

Charles Williams #28
DQP'S SIGNATURE / LICENSE #
Beth Davis #208

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy

FOIA 10-042:000187

SHOW

27817

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-15-09

Name of Show Spring Hill Lions Club Horse Show
City, State _____
Show Manager _____

Horse's Name Rockin Ritz Registration Number 20601486

Age _____ Sex _____ Color _____

Markings Lynn Hic Kok

TW HBEIA Barbara A Coebett

Horse Owner Christy Warner Daytime Phone _____

Mailing Address _____

City, State Shelbyville TN Zip 37162

Horse Trainer Ferry Fitzgerald Trainer's License # 880615

Mailing Address _____

City, State Shelbyville TN Zip _____

Daytime Phone _____

Horse Exhibitor Christy Warner Amateur/Juvenile # 0979-09

Mailing Address _____

City, State Shelbyville TN Zip 37162

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 541 Exhibitors Class No. 19
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8-15-09 Time 10:10 A.M. (circle one) P.M.

List the violation/violations that have resulted in the horse being disqualified or excused.

Open lesions both ft Post Show

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

Christy Warner #28
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

27818

Tennessee Horse

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-15-09

Name of Show Spring Hill Lion Club Horse Show
City, State Spring Hill TN
Show Manager Jeff Cromer

Horse's Name Gold Spirits Melody Registration Number 20500918
Age _____ Sex _____ Color _____
Markings TWHBEA

Horse Owner Bob Keenan PASSOM TROT FARM Daytime Phone _____
Mailing Address b(6)
City, State Franklin TN Zip 37064

Horse Trainer Charlie Green Trainer's License # 88262
Mailing Address b(6)
City, State Shelbyville TN Zip 37160
Daytime Phone _____

Horse Exhibitor Chico Booker Amateur/Juvenile # _____
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 680 Exhibitors Class No. 23
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8-15-09 Time 9:45 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.

Open lesions left of Pastern Area
Winner

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Charles Thomas #28

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED.

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000189

SHOW

27773

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-8-09

Name of Show WH AA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name A Dangerous Man Registration Number _____
Age 8 Sex S Color Bay
Markings TW HBBEA 3 STAR

Horse Owner Donna Hill Daytime Phone _____
Mailing Address _____
City, State Troy, MO Zip 63379

Horse Trainer Craig Latham Trainer's License # 39906
Mailing Address _____
City, State Hiwaco, OR Zip 97101
Daytime Phone _____

Horse Exhibitor Donna Hill Amateur/Juvenile # 0875
Mailing Address _____
City, State Troy MO Zip 63379

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 982 Exhibitors Class No. 23
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-8-09 Time 9:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral - see Exam Sheet

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE
Craig Latham
CUSTODIAN OR ASSISTANT'S SIGNATURE

John Caudel #118
DQP'S SIGNATURE / LICENSE #
WJ Eshel #209

SHOW

27476

Tennessee Horse

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/8/09

Name of Show WHAH Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Jose's Heartbeat Registration Number 20611007
Age _____ Sex _____ Color _____
Markings _____
TWHBEA

Horse Owner Kenneth & Paice Freeman Daytime Phone _____
Mailing Address _____
City, State EVIA, AL Zip 35621

Horse Trainer Keith Nance Trainer's License # 21223
Mailing Address _____
City, State Rogersville, AL Zip 35652
Daytime Phone _____
9/12/09

Horse Exhibitor Ken Freeman Amateur/Juvenile # 0114-09
Mailing Address _____
City, State EVIA, AL Zip 35621

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 869 Exhibitors Class No. 15
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8/09 Time 445 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

UNILATERAL HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



27478

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/8/09

Name of Show WHA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name My All American Lady Registration Number 20414729
Age _____ Sex _____ Color _____
Markings TW H B EA

Horse Owner Hollis Keller Phone _____
Mailing Address _____
City, State Eagleville, TN Zip 37060
9/12/09

Horse Trainer Stephanie Richardson Trainer's License # 1953-09
Mailing Address _____
City, State Eagleville TN Zip 37060
Daytime Phone _____

Horse Exhibitor Stephanie Richardson Amateur/Juvenile # 1953-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 976 Exhibitors Class No. 13
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8/09 Time 725 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SEAR RULE

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____

John Wilson #83
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

27479

Tennessee Horse

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/8/09

Name of Show WHAA Charity Horse Show

City, State Decatur, AL

Show Manager Brenda May

Horse's Name SHADES BLACK JACK

Registration Number 20704867/BL

Age 2 Sex S Color BL

Markings

TW HBEA Denzel

Horse Owner CARBINE & ASSOC

Daytime Phone _____

Mailing Address b(6)

City, State FLORENCE, AL

Zip

Franklin TN 37067

Horse Trainer EUGENE CARBINE

Trainer's License # _____

Mailing Address b(6)

City, State FLORENCE ALA

Zip

35634

Daytime Phone _____

Horse Exhibitor TOMMY HALE

Amateur/Juvenile # 79809

Mailing Address b(6)

City, State H. W. Sborro AL

Zip

35643

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 871

Exhibitors Class No. 2/
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/8/09

Time 9:00

A.M.

P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused

UNILATERAL (L)

H&A

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOIA 10-42:000193

White - NHSC Copy - Yellow - DQP Copy - Pink - Trainer's Copy

27480



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TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8-8-09

Name of Show W H A A Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Babylonian AF Registration Number 20413263
Age _____ Sex _____ Color _____

Markings TWHBEA: Howard Adkinson

Horse Owner Adkinson Farm Phone _____
Mailing Address _____
City, State Springhill, TN Zip 32174

Horse Trainer Howard Atkinson Trainer's License # 93718
Mailing Address _____
City, State Spring Hill, TN Zip 37174
Daytime Phone _____
09-12-09
09-12-2000

Horse Exhibitor Howard Adkinson Amateur/Juvenile # _____
Mailing Address _____
City, State Springhill TN Zip 32174

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 872 Exhibitors Class No. 32
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8/09 Time 10:45 A.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused
Bilateral SORE NPA
Checked by Du Mellins

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

Howard Adkinson
TRAINER'S SIGNATURE

Tony Elwood #209
DQP'S SIGNATURE / LICENSE #
John Cardell #118

CUSTODIAN OR ASSISTANT'S SIGNATURE

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



27489

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/8/09

Name of Show WHAA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Irish Mardis Gras Registration Number 20503349
Age _____ Sex _____ Color _____
Markings _____

TWHBEA!

Horse Owner Joan Kemp & Casee Crocker Daytime Phone _____
Mailing Address _____
City, State Dora, AL Zip 35062

9/12/09
11/2/2010

Horse Trainer Andy Cottingham Trainer's License # 021224
Mailing Address _____
City, State Cullman, AL Hanceville TN Zip 35077
Daytime Phone _____

Horse Exhibitor Joan Kemp Amateur/Juvenile # 2110-09
Mailing Address _____
City, State Dora AL Zip 35062

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 484 Exhibitors Class No. 33
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8 Time 11:05 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral Sore
Checked By Dr Mellins NPA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # John #13



P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

DQP TICKET

Date 8/8/09

Name of Show W H A A Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Rail Road Bill Registration Number 20511177
Age _____ Sex _____ Color _____
Markings TW H B E A

Horse Owner Tom Arrington Daytime Phone _____
Mailing Address _____
City, State Flomington, AL Zip 36441

Horse Trainer Vince Pruitt Stables Trainer's License # 051378
Mailing Address _____
City, State Brantley, AL Zip 36009
Daytime Phone _____

Horse Exhibitor Vince Pruitt Amateur/Juvenile # 051378
Mailing Address P
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 983 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8/09 Time 7:18 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
UNILATERAL (RT)

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Vince Pruitt TRAINER'S SIGNATURE
John Whitt # 83 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



28099

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/8/09

Name of Show WHAA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Grandy's Big Country Registration Number 9711658
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Dr. Frank + Cheryl Crisona Daytime Phone _____
Mailing Address [REDACTED]
City, State Arab AL Zip 35016

Horse Trainer Crisona Stables Trainer's License # ?
Mailing Address [REDACTED]
City, State Arab AL Zip 35016
Daytime Phone _____

Paid \$100.00 8/17/09

Horse Exhibitor Ronnie Shumate Amateur/Juvenile # Pending
Mailing Address _____
City, State Arab AL Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 682 Exhibitors Class No. 2
Class Description _____
B. Sale or Auction Tag _____

Inspection Date _____ Time _____ A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing 2" pad / 3" of hoof

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # 2009

CUSTODIAN OR ASSISTANT'S SIGNATURE
FOIA 10-042:000197

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

2009

DQP TICKET

Date 8/8/09

Name of Show WHAA Charity Horse Show

City, State Decatur, AL

Show Manager Brenda May

AUG 17 2009
pd \$100 - #5055
JBY: BR

Horse's Name Grandy's Big Country Registration Number 9711658

Age _____ Sex _____ Color _____

Markings _____

Horse Owner Dr. Frank & Cheryl Crisora Daytime Phone _____

Mailing Address _____

City, State _____ Zip _____

Horse Trainer Crisora Stables Trainer's License # ?

Mailing Address _____

City, State _____ Zip _____

Daytime Phone _____

Horse Exhibitor Ronnie Shumate Amateur/Juvenile # Pending

Mailing Address _____

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 682 Exhibitors Class No. 2
Class Description _____

B. Sale or Auction Tag _____

Inspection Date _____ Time _____ A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal shoeing 2" pad / 3" of hoof

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

[Signature]
TRAINER'S SIGNATURE

[Signature] #2009
DQP'S SIGNATURE / LICENSE

CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] #83
FOIA 10-042:000198

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28100

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8/8/09

Name of Show W H A A Charity Horse Show

City, State Decatur, IL

Show Manager Brenda May

Horse's Name Busted and Bleached

Registration Number 20102118

Age _____ Sex _____ Color _____

Markings TWABEA

Horse Owner Melanie Collier

Daytime Phone _____

Mailing Address _____

City, State Rogersville, AL

Zip 35652

Horse Trainer Jerry Collier Stables

Trainer's License # 021220

Mailing Address _____

City, State Rogersville, AL

Zip 35652

Daytime Phone _____

Horse Exhibitor Brent Collier

Amateur/Juvenile # Pending

Mailing Address _____

City, State Rogersville, AL

Zip 35652

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 624

Exhibitors Class No. 4
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/8

Time 5:38 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule
check by Dr Mullens & Tony

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.

TRAINER'S SIGNATURE _____

DQP'S SIGNATURE / LICENSE # #209

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

TRAINER'S NAME TO APPEAR ON DQP TICKET WHETHER SIGNED BY TRAINER, ASSISTANT TRAINER, CUSTODIAN OR BY DQP IF TRAINER OR CUSTODIAN REFUSE TO SIGN. SIGNATURE DOES NOT ADMIT GUILT.



28101

P. O. Box 167 • Shelbyville, Tennessee 37162 • Telephone (931) 684-9506

DQP TICKET

Date 8-8-09

Name of Show WHA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Seve's Pushing Gold Registration Number 20510980
Age _____ Sex _____ Color _____

Markings _____
TWHBEA:

Horse Owner Terry Drinkard Daytime Phone _____
Mailing Address b(6)
City, State Mobile, AL Zip 36609

Horse Trainer Vince Pruitt Trainer's License # 051378
Mailing Address b(6)
City, State Brantly, AL Zip 36009
Daytime Phone _____
9/12/09

Horse Exhibitor Terry Drinkard Amateur/Juvenile # A4329
Mailing Address b(6)
City, State Mobile AL Zip 36609

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 986 Exhibitors Class No. 7
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8 Time 6:05 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Foreign Substance / unilateral sore MPA
Both DQPS

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # #209

CUSTODIAN OR ASSISTANT'S SIGNATURE
FOIA 10-042:000200