

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.



28102

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, AL
Show Manager Brenda May

Horse's Name Jose's Cool Breez e Registration Number 20700949
Age _____ Sex _____ Color _____
Markings T W H I B E A

Horse Owner Joe Rich Daytime Phone _____
Mailing Address _____
City, State Murphreesboro, TN Zip 37130

Horse Trainer Charlie Green Stables 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. 853 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8 Time 6:48 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
3/4" out toe length to
MPA
PTd

(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

SHOW

28103

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 WNAA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May
Edition _____

Horse's Name Jose's Secret Addition Registration Number 205 02689
Age _____ Sex _____ Color _____

Markings TW+BEA Dwight Brooks b(6) _____

Horse Owner Dr. Ralph Simonton II b(6) _____
Mailing Address Simonton III
City, State Portland, TN Zip _____
37148

Horse Trainer Stephen Daniel Trainer's License # ? 991036
Mailing Address b(6) _____
City, State Madison, AL Zip 37118
Daytime Phone _____
9/12/09

Horse Exhibitor ? Stephen Daniel Amateur/Juvenile # 991036
Mailing Address b(6) _____
City, State Madison, AL Zip 37118

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 955 Exhibitors Class No. 22
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8 Time 9:42 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scare Rule (Post Show) DR Mullins Checked HPH

(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

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

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

FOIA 10-042:000202

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 Horse Shows

28106

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 Generator's Mountain Registration Number 972893
Age 11 Sex 5 Color Bay
Markings Star -
TWHBEA:

Horse Owner Woodie & Carolyn Spinks Daytime Phone _____
Mailing Address b(6)
City, State Gardendale, AL Zip 35071
41364

Horse Trainer Scott Wilhite Trainer's License # 031464
Mailing Address b(6)
City, State Huntsville, AL Zip 35640
Daytime Phone _____
9/12/09

Horse Exhibitor Roxy Reeves Amateur/Juvenile # 1982
Mailing Address b(6)
City, State Gardendale AL Zip 35071

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 887 Exhibitors Class No. 17
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/8 Time 8:10 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral sore Left foot
Dr Mullins checked All The same

(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 # #209
#118

SHOW

28108

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 W HAA Charity Horse Show
City, State Decatur, AL
Show Manager Brenda May

Horse's Name Ebony's Threat Double Registration Number 963866
Age _____ Sex _____ Color _____

Markings TWHTBEA
Horse Owner Joan Kelly
Rance Kelly Daytime Phone _____
Mailing Address _____
City, State Union Grove, AL Zip 35175

Horse Trainer Joan Kelly Trainer License # 3017-09
Mailing Address _____
City, State Union Grove, AL Zip 35175
Daytime Phone _____

Horse Exhibitor Rance Kelly Amateur/Juvenile # 3017-09
Mailing Address _____
City, State Union Grove, AL Zip 35175

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 545 Exhibitors Class No. 11
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/8 Time 7:23 A.M. P.M. (circle one)

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

Bilateral Sore HPA
Checked By Dr Mullins

(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

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

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

FOIA 10-042:000204

SHOW

Tennessee Walking Horse

28151

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, 2009

Name of Show Betty B. Freeman Walking Show
City, State Lebanon TN
Show Manager _____

Horse's Name Armed with Bealy Registration Number 147
Age _____ Sex M Color Black 980275
Markings _____
Per. TWHBEA: just Terry Vaught

Horse Owner Terry & Linda Vaught Daytime Phone _____
Mailing Address Watertown ^{b(6)} _____
City, State TN Watertown, TN Zip 37184
37184

Horse Trainer Terry Vaught Trainer's License # 1699-09
Mailing Address Watertown
City, State TN Zip _____
Daytime Phone _____

9/25/01

Horse Exhibitor Terry Vaught Amateur/Juvenile # 1699-09
Mailing Address Watertown
City, State TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 147 Exhibitors Class No. 6
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 21, 2009 Time 6:00 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing shoes to thick 1/2" shoe
Gauge would NOT fit

(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 # Terry Vaught # 209
Paula Davis 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.

SHOW

Tennessee Horse

28192

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

DQP TICKET

Date 8/21/09

Name of Show Betty B. Freeman Memorial

City, State Lebanon TN

Show Manager _____

Per TWHBEA: _____

Horse's Name Criminal Mind

Registration Number 20611753

Age 2 y old

Sex Stud

Color Blk

Markings _____

Per TWHBEA: Robert + Debra Franko

Horse Owner Bob Frankino Family

Daytime Phone _____

Mailing Address Cypress TX b(6)

City, State Cypress TX

Zip 77429

9/25/09

Horse Trainer Bob Reid

Trainer's License # 88155

Mailing Address Lewisburg b(6)

City, State Cornersville, TN

Zip _____

Daytime Phone _____

37047

Horse Exhibitor Blake Everett

Amateur/Juvenile # 2999-09

Mailing Address _____

City, State _____

Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 139

Exhibitors Class No. 3
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 8/21

Time 6:21 A.M. P.M. (circle one)

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

Unilateral ~~stone~~ sore outside (L) foot (POST SHOW) Both DQPs + Apurtoce

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

Bob Reid
TRAINER'S SIGNATURE

my show # 209
both show # 208
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 10-042:000206

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 Horse Shows

28193

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

DQP TICKET

Date 8/21/09

Name of Show Betty Freeman Memorial

City, State Leban TN

Show Manager _____

Per TWHBEA: No Horse By This name - Ritz in Color

Horse's Name Ritz N Color

Registration Number 2030118

Age _____ Sex _____ Color _____

Markings _____

TWHBEA: Wayne Oliver b(6)

Horse Owner Justin & Sheila Manis

Daytime Phone 64086

Mailing Address Mt. Juliet

City, State TN Zip _____

Horse Trainer Steve Sander

Trainer's License # _____

Mailing Address b(6)

City, State TN Zip 35747

Daytime Phone _____

Horse Exhibitor Justin Manis

Amateur/Juvenile # Temp. Card issued

Mailing Address Mt. Juliet

City, State TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 267 Exhibitors Class No. 12
Class Description _____

B. Sale or Auction Tag _____

Inspection Date Aug 21 Time 2:02 A.M. P.M. (circle one)

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

Illegal Shoeing
Over 1/2

MPA
Custodian Agreed with DQP's

(Office Use Only): _____

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

[Signature]
TRAINER'S SIGNATURE

[Signature] #209
DQP'S SIGNATURE / LICENSE # 1208

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 10-042:000207

SHOW

TENNESSEE ASSOCIATION OF HORSE

28194

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 8/21/09

Name of Show Betty Freeman Memorial
City, State Lebanon
Show Manager _____

Horse's Name Chasing All Colors Registration Number 20500329
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Jim Turner Daytime Phone _____
Mailing Address [REDACTED]
City, State Morrison, TN Zip 37357

Horse Trainer Cliff Wilson Trainer's License # 991051
Mailing Address Bell Buckle [REDACTED]
City, State Bell Buckle, TN Zip 37020
Daytime Phone _____

924105 - 10/7/09

Horse Exhibitor Jim Turner Amateur/Juvenile # 380-1
Mailing Address Morrison
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 132 Exhibitors Class No. 15
Class Description _____
B. Sale or Auction Tag _____

Inspection Date Aug 21 Time 7:38 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

BAD Image Unilateral Sore HPA
RT foot Both DQPs

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Cliff Wilson
DQP'S SIGNATURE / LICENSE # 209
208
CUSTODIAN OR ASSISTANT'S SIGNATURE _____



28195

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 8/21/09

Name of Show Betty Freeman Memorial
City, State _____

Show Manager _____
Per TWHBEA: No horse by this name

Horse's Name Arts Messy Bessie Registration Number _____
Age _____ Sex _____ Color _____
Markings _____

Horse Owner John Gowen Family Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Lewisburg, TN Zip 37160

Horse Trainer Bob Reid Trainer's License # 88155
Alston Mailing Address ^{b(6)} _____
City, State Cornersville, TN Zip 37047
Daytime Phone _____

Horse Exhibitor DK Gowen Amateur/Juvenile # 3037-09
Mailing Address ^{b(6)} _____
City, State Lewisburg TN Zip 37160

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 286 Exhibitors Class No. 20
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/21 Time 8:17 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore HPA
Rt Foot / Inconsistent on Left Foot

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Bob Reid TRAINER'S SIGNATURE
John Gowen #309 DQP'S SIGNATURE / LICENSE #
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

Tennessee State Fair

28196

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 8/21/09

Name of Show Betty Freeman Memorial
City, State Lebanon
Show Manager _____

Horse's Name Buster's Rambler RSF Registration Number 20006953
Age _____ Sex _____ Color _____

Markings _____ b(6) _____
Per TW HBEA: Ms. Bridgett Chaffin Link

Horse Owner Brad & Leah Ann Gregory Daytime Phone _____
Elizabeth _____ b(6) _____

Mailing Address _____
City, State Franklin Ky Zip 42134

Horse Trainer Jimmy Lightfoot Trainer's License # AA25496
Mailing Address _____ b(6) _____
071509

City, State Bowling Green Ky Zip 42102
Daytime Phone _____

Horse Exhibitor Leigh Ann Gregory Amateur/Juvenile # 2162
Mailing Address _____ b(6) _____

City, State Franklin Ky Zip 42134

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 127 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/21 Time 10:27 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Scare Rule (Post Show) NPA
Both DQP's Recall After class

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: _____ DQP's Signature / License #: #309
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.

SHOW

Tennessee Walking Horse

28197

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

DQP TICKET

Date 8-21-09

Name of Show Bobby Freeman Walking Show
City, State Lebanon TN
Show Manager _____

Horse's Name Casino At The Ritz Registration Number 20201632
Age _____ Sex _____ Color _____
Markings _____

Per TWHBEA:

Horse Owner Dr Gordon + Linnar Depoyster Daytime Phone _____
Mailing Address [REDACTED]
City, State Greenville Ky Zip 42345

9/25/09

Horse Trainer Tenny Lord Thomas Lord, III Trainer's License # 071520
Mailing Address [REDACTED]
City, State Bowling Green Ky Zip 42104
Daytime Phone _____

Horse Exhibitor Tommy Lord Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 75 Exhibitors Class No. 28
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31 Time 10:33 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule (Post Show) MPA
Both DQP's, (Excused from Ring)

(Office Use Only): _____

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

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE # 209
208

CUSTODIAN OR ASSISTANT'S SIGNATURE



28199

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 8/21/02

Name of Show Betty Freeman Memorial
City, State Leban
Show Manager _____

Horse's Name Lights on Cody Registration Number 20606644
Age 3yold Sex _____ Color Sorrel
Markings _____

Per TWHBEA
Horse Owner Larry Allman Daytime Phone _____
Mailing Address b(6)
City, State Shelbyville TN Zip 37160

9/25/09
Horse Trainer Jeff Byron Trainer's License # 95783
Mailing Address b(6)
City, State Bell Buckle TN Zip _____
Daytime Phone _____

Horse Exhibitor Jeff Byron Amateur/Juvenile # 95783
Mailing Address b(6)
City, State Bell Buckle TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 261 Exhibitors Class No. 21
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31 Time 9:31 A.M. R.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule (Post Show) (pics on show)
Recall after show Both DQP's camera

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jeff Byron TRAINER'S SIGNATURE
Edwards #209 DQP'S SIGNATURE / LICENSE #
Butts News 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.

SHOW

— TENNESSEE — HORSE —

28200

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

DQP TICKET

Date 8/21

Name of Show Betty Freeman Memorial
City, State Lebanon

Show Manager
Per TWHBEA: My Ritzzy Lady Y.F.

Horse's Name My Lady Ritz Registration Number 20015008
Age _____ Sex _____ Color _____

Markings
Per TWHBEA: Estes + Ying: John Ying- b(6)

Horse Owner Joe Estes Daytime Phone _____
Mailing Address b(6)

City, State Smith Grove Ky Zip 42171

Horse Trainer Loid Stables Trainer's License # AA25496
b(6) 071509

Mailing Address b(6)
City, State PO Box 9877 - BB, KY Zip 42102

Daytime Phone _____

Horse Exhibitor Joe Estes Amateur/Juvenile # 4239

Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 130 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/21 Time 9:37 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore HPA Both DQP's
Rt Foot / Inconsistent on Left
pocke +

(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



27774

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 Sand Creek Sale
City, State Shelbyville TN
Show Manager _____

Horse's Name Im Spartacus Registration Number 20013416
Age 9 Sex G Color Black

Markings TWHBEA
7008 2810 0002 4323 5393

Horse Owner Deborah Daytime Phone _____
Mailing Address _____
City, State Lititz PA Zip 17542

Horse Trainer Sam ~~McLaughlin~~ McLaughlin Trainer's License # _____
Mailing Address _____
City, State _____
Daytime Phone Lititz PA 17543

Horse Exhibitor Sam McLaughlin Amateur/Juvenile # _____
Mailing Address _____
City, State Lititz, PA Zip 17543

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 230 Exhibitors Class No. _____ Class Description ✓
- B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 11:00 (A.M.) P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral - See Exam
Horse Presented by - Sam McLaughlin

(Office Use Only): _____

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



27775

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

DQP TICKET

Date 8-30-09

Name of Show Sand Creek Sale
City, State Shelbyville TN
Show Manager _____

Horse's Name Top Shock Registration Number 20601538
Age 3 Sex G Color Black
Markings None
7008 2810 0002 4323 5409

TWHBFA

Horse Owner Maddeline Coleman Daytime Phone b(6)
Mailing Address b(6)
City, State Greenwood ms Zip 38930

Horse Trainer Same Trainer's License # _____
Mailing Address _____
City, State _____ Zip _____
Daytime Phone _____

10/12/09

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

FILL OUT EITHER (A) OR (B): SUB
A. Exhibitors No. 268 Exhibitors Class No. Sale
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8-30-09 Time 2:00 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scar Rule - see Exam

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # #118

Whitaker Coleman / Grandfather of owner
CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

PROVIDING FALSE INFORMATION

28362

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 2009 TWHBEA
City, State Shelbyville
Show Manager Doy

Horse's Name May Jose^t Registration Number 20602947
Age _____ Sex _____ Color _____
Markings _____

TWHBEA

Horse Owner Sam Stockett Daytime Phone _____
Mailing Address b(6)
City, State JACKSON MS. Zip 39202

10/13/09

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

Horse Exhibitor Brad Beard Amateur/Juvenile # _____
Mailing Address SAME
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 287 Exhibitors Class No. 10
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 7:10 A.M. P.M. (circle one)

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

unelated left foot

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

Tennessee State Fair

28363

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 2009 TWHBEA National Furlung
City, State Shelbyville
Show Manager Doyle Meadow

Horse's Name OPPs Im Polly Registration Number 20601039
Age _____ Sex _____ Color _____
Markings _____

Horse Owner James E Nichols Daytime Phone b(6)
Mailing Address b(6)
City, State Oxford MS Zip 38655

Horse Trainer ZAC Parson Trainer's License # _____
Mailing Address _____
City, State _____ Zip _____
Daytime Phone b(6)

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 289 Exhibitors Class No. 10
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 7:05 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]
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 10-042:000217



28365

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 2009 TWHBEA Futurity
City, State _____
Show Manager _____

Horse's Name Jazz Salute Registration Number 20704824
Age _____ Sex _____ Color _____

Markings TWHBEA (EIAAR)

Horse Owner Mrs Fred Boerl Daytime Phone _____
Mailing Address _____
City, State Roland AR Zip 72135

Horse Trainer Josh Wright Trainer's License # Amateur
Mailing Address _____
City, State Reggan TN Zip _____
Daytime Phone _____

10/13/09
10/12/10

Horse Exhibitor Josh Wright Amateur/Juvenile # _____
Mailing Address same
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 6 Exhibitors Class No. 1
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/26/09 Time 5:30 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore Hoofcaps HPT
Tom & DR Mullins Checked

(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 _____

+



KN
W 28423

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 TNHWC
City, State Shelbyville TN
Show Manager Dr Doyle Meadows

Horse's Name Jose's Local Talent Registration Number 20201848
Age _____ Sex _____ Color _____
Markings _____

Pen WHREA: Jimmy + Brian Reece -

Horse Owner Mr Jimmy Reece James Daytime Phone _____
Mailing Address _____
City, State Pikeville, TN Zip 37361

10/10/09

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

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 861 Exhibitors Class No. 109
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 8/31/09 Time 7:50 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

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE #
Will Adams #100

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.



28015

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

DQP TICKET

Date 7/25/09

Name of Show 68th Annual Red Carpet Show
City, State Pulaski, TN
Show Manager Robert Brindley

Horse's Name Streaked Jazz Registration Number 20502328
Age _____ Sex _____ Color _____
Markings TWHBEA!

Horse Owner Ed & Shelley Lewis Daytime Phone _____
Mailing Address _____
City, State Farmsville, TX + Shelbyville, TN Zip 37160

Horse Trainer Brad Beard Trainer's License # 31297
Mailing Address _____
City, State Shelbyville, TN Zip 38183
Daytime Phone Wartrace TN

Horse Exhibitor Shelley Lewis Amateur/Juvenile # 87
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 211 Exhibitors Class No. 23
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 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
Checked by Dr Mellins (left foot)

(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.



28016

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

DQP TICKET

Date 7/25/09

Name of Show 68th Annual Red Carpet Horse Show
City, State Pulaski TN
Show Manager Robert Brindley

Horse's Name My Margaritaville Registration Number 20507768
Age _____ Sex _____ Color _____
Markings TW HBEA!

Horse Owner Royce & Ann Marie Couch Daytime Phone _____
Mailing Address _____
City, State Franklin, TN Zip 37064

Horse Trainer Knox Blackburn Trainer's License # 89295
Mailing Address _____
City, State Franklin TN Zip 3706
Daytime Phone _____

Horse Exhibitor Knox Blackburn Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 140 Exhibitors Class No. 25
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time 10:23 A.M. PM (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.

[Signature]
TRAINER'S SIGNATURE

[Signature] #209
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. 0042:000221

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.



28017

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

DQP TICKET

Date 7/25/09

Name of Show 68th Annual Red Carpet Horse Show
City, State Pulaski, TN
Show Manager Robert Brindley

Horse's Name Jose's Secret Edition Registration Number 20502689
Age _____ Sex _____ Color _____
Markings TW HBEH

Horse Owner Dwight Brooks Daytime Phone _____
Mailing Address [REDACTED]
City, State Rogersville, TN Zip 37857

Horse Trainer David Daniel Trainer's License # 39606
Mailing Address [REDACTED]
City, State Madison TN Zip 37115
Daytime Phone _____
8/31/09

Horse Exhibitor Summer Brooks Amateur/Juvenile # 1656-09
Mailing Address [REDACTED]
City, State Rogersville TN Zip 37857

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 29 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time 10:50 A.M. P.M. (circle one)

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

Unilateral Sore MPA
Dr Mullens

(Office Use Only):

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

[Signature]
TRAINER'S SIGNATURE

[Signature]
DQP'S SIGNATURE / LICENSE #

Ricky L. Southam #21

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.



28060

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

DQP TICKET

Date 7-25-09

Name of Show 68th Annual Red Carpet Horse Show
City, State Pulaski, TN
Show Manager Robert Brindley, Jr.

Horse's Name A Savannah Delight Registration Number 20411665
Age _____ Sex _____ Color _____
Markings TWHBEA!

Horse Owner Jackie Whatley Daytime Phone _____
Mailing Address [REDACTED]
City, State Tampa, FL Zip 33682

8/3/09
Horse Trainer Steve Aymet Trainer's License # 88012
Mailing Address [REDACTED]
City, State Lewisburg, TN Zip 37091
Daytime Phone _____

Horse Exhibitor Jackie Whatley Amateur/Juvenile # 3328
Mailing Address [REDACTED]
City, State Tampa, FL Zip 33682

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 52 Exhibitors Class No. 1st Place
Class Description 23 Amateur 4yr old Mare
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 10:55 A.M. (P.M. (circle one))

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

Scuffing - Postshow

(Office Use Only): _____

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

[Signature]
TRAINER'S SIGNATURE

Ricky L. Seatham #21
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 10-042:000223

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.



27567

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

DQP TICKET

Date 7/25/09

Name of Show Baileyton TN. Horse Show - Ruritan Club
City, State Baileyton Tenn
Show Manager _____

Horse's Name HARD CASH Renaissance Registration Number 4032701
Age _____ Sex _____ Color Sorrel
Markings Sorrel w/ markings on face
UR HOISA

Horse Owner Raymond + Carolyn Roles Daytime Phone _____
Mailing Address [REDACTED]
City, State Sumper SC Zip 29150

Horse Trainer Bryan Breenhill Trainer's License # 9230T
Mailing Address [REDACTED]
City, State MARION SC 29571 Zip _____
Daytime Phone _____

Horse Exhibitor Bryan Breenhill Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Marion SC Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 605 Exhibitors Class No. _____ Class Description 21 - URHOEA Flat Show Perf.
- B. Sale or Auction Tag _____

Inspection Date 7/25/09 Time 8:20 A.M. (P.M.) (circle one)

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

Unilateral Sore - Right mid front Pastern 1" above coronet band -

(Office Use Only): _____

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

Bryan Breenhill
TRAINER'S SIGNATURE

[Signature] 203
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.



357
24

27568

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

DQP TICKET

Date 7/25/09

Name of Show Boilayton TN Quarter Club
City, State Boilayton TN
Show Manager _____

Horse's Name Coins Magical Mark Registration Number 2038584
Age 6 Sex S Color Sorrells
Markings Flay mane tail
TWHBEA!

Horse Owner Jerry Walker Daytime Phone _____
Mailing Address [REDACTED]
City, State Sharps Chapel TN Zip 37866

Horse Trainer SAME AS ABOVE Trainer's License # 9021A
Mailing Address _____
City, State _____ Zip _____
Daytime Phone _____

Horse Exhibitor SAME AS ABOVE Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 357 Exhibitors Class No. 26 Class Description Walking Show Pl.
- B. Sale or Auction Tag _____

Inspection Date 7/25/09 Time 9:00 A.M. (P.M.) (circle one)

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

Unilateral Sur

(Office Use Only): _____

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

Jerry Walker TRAINER'S SIGNATURE
[Signature] DQP'S SIGNATURE / LICENSE # 203
[Signature] CUSTODIAN OR ASSISTANT'S SIGNATURE # 100

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

27890

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

DQP TICKET

Date 7-25-09

Name of Show Baileytown Horse Show

City, State Baileytown TN

Show Manager _____

Horse's Name Gen's All Colors

Registration Number 9710788

Age 12

Sex Gelding

Color Sorrel

Markings TWHEBEA! Bald Face Right hind Sock

Horse Owner Rachel Havens

Daytime Phone b(6)

Mailing Address b(6)

City, State Bland VA

Zip 24315

Horse Trainer Jim Ramsey

Trainer's License # 9296

9/5/09

Mailing Address b(6)

City, State Bull's Gap TN

Zip 37711

Daytime Phone _____

Horse Exhibitor _____

Amateur/Juvenile # 1615

Mailing Address Same as owner

City, State _____

Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 316

Exhibitors Class No. 45 Class Description Ama Walking

B. Sale or Auction Tag _____

Inspection Date 7-25-09

Time 5:20

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.

Jim Ramsey
TRAINER'S SIGNATURE

Will [Signature] #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] #203

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

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

FOIA 10-042:000226



27891

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 7-25-09

Name of Show Baileyton TN Horse Show
City, State Baileyton TN
Show Manager _____

Horse's Name Ozzy Osborne Registration Number 3014999
Age _____ Sex _____ Color _____
Markings UROHEA!

Horse Owner James Parrott Daytime Phone _____
Mailing Address [REDACTED]
City, State Edison TN Zip 37731

Horse Trainer Pine Mt Stables Trainer's License # _____
Mailing Address [REDACTED]
City, State Edison TN Zip 37731
Daytime Phone _____
NO Listing anywhere

Horse Exhibitor Selena Blankenbeckler Amateur/Juvenile # 9339A
Mailing Address [REDACTED]
City, State Edison TN Zip 37731

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 241 Exhibitors Class No. 6 Class Description UROHEA Style Packing
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 5:35 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAA Rule Foreign Substance
Refused To Have Pictures Taken

(Office Use Only): Requested The Handler To Wait Until I Took Pictures & He Left. Refused To Bring Back
 DQP notified Show Management that such horse was excused or disqualified.

Refused to sign
James "Dumb" Parrott Handler
CUSTODIAN OR ASSISTANT'S SIGNATURE

Will Ed...
DQP'S SIGNATURE / LICENSE # #203



27892

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 7-25-09

Name of Show Baileyston Horse Show
City, State Baileyston TN
Show Manager _____

Horse's Name STAR In Prime Perfection Registration Number 20612026
Age 2 Sex Col Mare Color BAY
Markings Star
TWHBEA: Claude Holbrook b(6)

Horse Owner LARRY SORR Daytime Phone 37801
Mailing Address b(6)
City, State Wilkinson TN Zip 25653
b(6)

*Wayne Conley
Wayne Conley Listed
As Trainer
on Entry Sheet
9/5
A051517*

Horse Trainer Thomas Collins Trainer's License # _____
Mailing Address b(6)
City, State Talbot TN Zip 37877
Daytime Phone b(6)

Horse Exhibitor Thomas Collins Amateur/Juvenile # _____
Mailing Address b(6)
City, State Talbot TN Zip 37877

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 726 Exhibitors Class No. 13 Class Description 2yr old walking
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 6:45 A.M. P.M. (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

CUSTODIAN OR ASSISTANT'S SIGNATURE

DQP'S SIGNATURE / LICENSE # #100
#203

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 Horse Shows Association

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

28019

DQP TICKET

Date 7-25-09

Name of Show Baileytown TN Horse Show

City, State Baileytown TN

Show Manager _____

Horse's Name Image of Dillon

Registration Number 20200825

Age 8 Sex Mare Color Road

Markings Blaze
TWHBEA: Larry Badger

Horse Owner Kristie Bolding

Daytime Phone _____

Mailing Address _____

City, State Thorn Hill TN

Zip 37881

Horse Trainer Rocky Bolding

Trainer's License # 91574

9/5/09

Mailing Address _____

City, State Thorn Hill TN

Zip 37881

Daytime Phone _____

Horse Exhibitor Kristie Bolding

Amateur/Juvenile # 63741

Mailing Address _____

City, State Same as owner

Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 88' 276 Exhibitors Class No. 26

Walking Show
Pleasure

B. Sale or Auction Tag _____

Inspection Date 7-25-09

Time 8:54

A.M. (P.M.) (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 _____

DQP'S SIGNATURE / LICENSE # _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

#203

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

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

FOIA 10-642:000229



28020

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 7-25-09

Name of Show Baileyston Q&A TV Raitian Horse Show
City, State Baileyston TN
Show Manager _____

Horse's Name Pushers Shadow Registration Number 7011702
Age 11 Sex Stallion Color Black

Markings None b(6) [Redacted]
LIRHOEA RACKER Fiddie William

Horse Owner LARRY RYANS Daytime _____
Mailing Address _____
City, State Kingsport TN Zip 37660

Horse Trainer _____ Trainer's License # _____
Mailing Address _____
City, State Same As Owner Zip _____
Daytime Phone _____

Horse Exhibitor _____ Amateur/Juvenile # 9139T
Mailing Address Same As Owner
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 156 Exhibitors Class No. 32 URHOEA RACKING STAKE
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 9:44 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.
Larry Ryan TRAINER'S SIGNATURE William Earl DQP'S SIGNATURE / LICENSE # #140

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

Name of Show Alabama Classic Horse Show
City, State Baileyton, Al. Inspection Date 7-17-09
Show Manager Danny Ray Inspection Time 6:45 A.M. (P.M.)
(circle one)

Horse's Name Parole Bond Registration # 1006824

Horse Owner S+S Farms Daytime Phone b(6)
Address b(6)
City, State Summit, Al. Zip 35031

Horse Trainer Roger Smith Trainer's Lic. # 35064
Address b(6)
City, State Baileyton, Al. Zip 35019

Horse Exhibitor Roger Smith
Address b(6)
City, State Baileyton, Al. Zip 35019

Exhibitor's # / Sale or Auction Tag # 338 Class # 10A Spec Action 4yrdd & Under / Racking

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 _____

RSR #21
DQP's Initials

Show management notified

SHOW

MISSISSIPPI HORSE ASSOCIATION

27721

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

154
0
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 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyton, Al.
Show Manager Danny Ray

Horse's Name Mark of Art Registration Number 20304740
Age 6 Sex Stallion Color Black
Markings TWHBEA

Horse Owner Randolph Scott Daytime Phon b(6)
Mailing Address b(6)
City, State Huntland, Tn Zip 39345

8/2/09
Horse Trainer Same Randolph Scott Trainer's License # 2014
Mailing Address b(6)
City, State Huntland Tn Zip 39345
Daytime Phone _____

Horse Exhibitor Ashley Parks Amateur/Juvenile # 2421-09
Mailing Address _____
City, State Fayetteville, Tn. Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 802 Exhibitors Class No. 8 Walking Am Show Pl.
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 6:15 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance - corrected & showed

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Randolph Scott TRAINER'S SIGNATURE
Ricky S. Statham #21 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.

SHOW

27722

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

DQP TICKET

Date 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baytown, Al
Show Manager Danny Ray

Horse's Name Cashy Bonanza Registration Number 2030922
Age 7 Sex Stallion Color Black
20306157

Markings TW4B EA

Horse Owner Carroll Sitten b(6)
Mailing Address b(6)
City, State Albertville, Al. Zip _____

Horse Trainer Stephen Brown Trainer's License # 1541
Mailing Address b(6)
City, State Arab, Al. Zip 35016
Daytime Phone b(6)

Horse Exhibitor Bo Beam Amateur/Juvenile # 2281
Mailing Address b(6)
City, State Arab, Al. Zip 35016

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 107 Exhibitors Class No. 8 Class Description Walking Am Show Pleas
B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 6:30 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unruly

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
[Signature] TRAINER'S SIGNATURE Ricky L. Statham #21 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.



27857

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

DQP TICKET

Date 7-17-09

Name of Show Alabama Classic

City, State Baileyton, AL

Show Manager Danny Ray

Horse's Name Awesome Percolator

Registration Number 20503847

Age 4 Sex S Color Black

Markings TWHBEA ~~BT~~ Snip

Horse Owner Ardythie Sommerville

Daytime Phone b(6)

Mailing Address b(6)

City, State Lewisburg, TN Zip 37091

Horse Trainer Ben Ramirez

Trainer's License # 011192

8/23/09

Mailing Address b(6)

City, State Shelbyville, TN Zip 37160

Daytime Phone b(6)

Horse Exhibitor Ardythie Sommerville

Amateur/Juvenile # 0069

Mailing Address b(6)

City, State Lewisburg, TN Zip 37091

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 828 Exhibitors Class No. 14 Class Description Walking Park Performer
- B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 7:05 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.

Ben Ramirez
TRAINER'S SIGNATURE

Ricky L. Statham #21
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 10-042:000234

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.



27858

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

DQP TICKET

Date 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyton, Al.
Show Manager Danny Ray

Horse's Name Dudes Mighty Man Registration Number 20410781
Age 4 Sex Stallion Color Black
Markings _____

TWH BEA:

Horse Owner Henry Thompson Daytime Phone _____
Mailing Address b(6)
City, State Decatur, Al. Zip 35603

Horse Trainer Lonnie Lovett Trainer's License # Pending
Mailing Address b(6)
City, State Hartselle, Al. Zip 35640
Daytime Phone b(6)

8/23/09

Horse Exhibitor Same as trainer Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 777 Exhibitors Class No. 23 Class Description Walking Show Pleasu
- B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 8:40 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): _____

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

Lonnie Lovett
TRAINER'S SIGNATURE

Rickey S. Statham #21
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 10-042:000235



27859

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 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyton, Al.
Show Manager Danny Ray

Horse's Name Olympic Power Charge Registration Number 20 215826
Age 6 Sex Stallion Color Sorrell 36701

Markings IWNBEA: Danielle H Lawrence [Redacted]

Horse Owner Larry Latham Daytime Phone [Redacted]
Mailing Address [Redacted]
City, State Joppa, AL Zip 35087

Horse Trainer same Larry Latham Trainer's License # 991026
Mailing Address [Redacted]
City, State Joppa AL Zip 35087
Daytime Phone _____

Horse Exhibitor same Larry Latham Amateur/Juvenile # _____
Mailing Address _____
City, State Joppa AL Zip 35087

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 147 Exhibitors Class No. 23 Class Description Walking Show Pleas
- B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 8:55 A.M. (P.M.) (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.
Larry Latham TRAINER'S SIGNATURE Ricky L. Latham #21 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

27860

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 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyston, Al
Show Manager Danny Ray

Horse's Name Double Cross Registration Number 962686
Age 14 Sex Stallion b(6)

Markings
TWHBEA: Susan Brighton Julia Phelps

Horse Owner Phil Ferguson Daytime Phone _____

Provided Trainer for Address & said to send to her
Mailing Address _____, NOT A FOIA DELETION
City, State h Zip _____

8/23/09
Horse Trainer Glenda Barrow Trainer's License # 334
Mailing Address _____ b(6)
City, State Birmingham, Al Zip 35217
Daytime Phone _____ b(6)

Horse Exhibitor Tammy Cole Amateur/Juvenile # _____
Mailing Address _____ b(6)
City, State Clanton, Al Zip 35045

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 226 Exhibitors Class No. 31 Class Description Racking Am-Stallion
B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 10:00 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.
Glenda Barrow TRAINER'S SIGNATURE
Ricky L. Beatham #21 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 10-042:000237



27861

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 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyton, Al.
Show Manager Danny Ray

Horse's Name Twisting Generator Registration Number Pending
Age 10 Sex Stallion Color Black
Markings White Blaze

Horse Owner Zachery Wooten Daytime Phone b(6)
Mailing Address b(6)
City, State Cullman, Al. Zip 35055

Horse Trainer ~~[Redacted]~~ Zachery Wooten Trainer's License # Pending
Mailing Address b(6)
City, State Cullman, Al. Zip 35055
Daytime Phone b(6)

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 728 Exhibitors Class No. 37 Class Description Walking Open Spec
B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 10:24 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.
Zachery Wooten TRAINER'S SIGNATURE Ricky L. Statham #21 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.

SHOW

27862

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

DQP TICKET

Date 7-17-09

Name of Show Alabama Classic Horse Show
City, State Baileyton, Alabama
Show Manager Danny Ray

Horse's Name The Boat Show Registration Number 20408915
Age 6 Sex Stallion Color Sorrell

Markings TWHBEA William E. Prince b(6)

Horse Owner Dogwood Farms Daytime Phone _____
Mailing Address b(6)
City, State Hartselle, Al. Zip 35640

Horse Trainer Lonnie Lovett Trainer's License # Pending
Mailing Address b(6)
City, State Hartselle Al Zip 35640
Daytime Phone b(6)

8/23/09
9/5/09

Horse Exhibitor Same as trainer Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 777 Exhibitors Class No. 37 Class Description Walking Open Spec
B. Sale or Auction Tag _____

Inspection Date 7-17-09 Time 10:45 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bad Image

(Office Use Only): _____

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

Lonnie Lovett
TRAINER'S SIGNATURE

Ricky S. Statham #21
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 10-042:000239

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

Name of Show Fayetteville Blue Ribbon Horse Show
City, State Fayetteville, TN Inspection Date 7/9/09
Show Manager _____ Inspection Time 6:30 A.M. P.M.
(circle one)

Horse's Name High Tide Surfin Registration # 20207585

Horse Owner Stacey Richards Daytime Phone _____
Address b(6)
City, State Franklin, TN Zip 37067

Horse Trainer Bobby Richards Trainer's Lic. # 89396
Address b(6)
City, State Franklin, TN Zip _____

Horse Exhibitor B.T. Richards 9595
Address b(6)
City, State FRANKLIN, TN. Zip _____
Exhibitor's # /Sale or Auction Tag # 93 Class # 9

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 Inconsistent Hoof test R F

[Signature]
DQP's Initials [Signature]

Show management notified

AT
Toe

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

Name of Show Fayetteville Blue Ribbon Horse Show
City, State Fayetteville, TN Inspection Date 7/9/09
Show Manager _____ Inspection Time 9:14 A.M. (P.M.)
(circle one)

Horse's Name MR. Sam Houston Registration # 20512679
OWNERS AVERY & SUE ANN

Jay Kencham
Horse Owner Smith & Dowell Daytime Phone _____
Address [REDACTED]
City, State Murfreesboro / Powell, TN Zip 37104

Horse Trainer Aaron Seif Trainer's Lic. # 96830
Address [REDACTED]
City, State Shelbyville, TN Zip _____

Horse Exhibitor Aaron Seif
Address [REDACTED]
City, State Shelbyville, TN Zip _____
Exhibitor's # / Sale or Auction Tag # 141 Class # 25

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 _____

Brian Hobbs
DQP's Initials

Show management notified

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

Name of Show Fayetteville Blue Ribbon
City, State Fayetteville, TN Inspection Date 7/9/09
Show Manager _____ Inspection Time 7:10 A.M. P.M.
(circle one)

Horse's Name Speck in the Sky Registration # 19910818
OWNER Per TW HBA Herbert H. Sterner
Horse Owner Little & Weaver, Inc. Daytime Phone _____
Address _____
City, State Spring Grove, PA + Shelbyville Zip 17362

Horse Trainer Joe Fleming Trainer's Lic. # 88072
Address _____
City, State Shelbyville, TN Zip 37160

Horse Exhibitor Lake Weaver 1490-09
Address _____
City, State Shelbyville, TN Zip _____
Exhibitor's # / Sale or Auction Tag # _____ Class # _____

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 _____

AD
DQP's Initials

Show management notified

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

Name of Show Arab Park + Recreation Horse Show
City, State Arab Alabama Inspection Date 7/11/09
Show Manager Steve Hallam Inspection Time 201 A.M. (P.M.)
(circle one)

Horse's Name He's Roshin Jose Registration # 20001783
owner per TWBEB
Horse Owner ANDY H SUMMERVILLE
Address [REDACTED]
City, State newt sbk TN Zip 37091

Horse Trainer B. DENIRO Lic. # 011192
Address [REDACTED]
City, State SMELBYVILLE TENN Zip 37160

Horse Exhibitor ANDY H SUMMERVILLE
Address [REDACTED]
City, State newt sbk Tenn Zip _____
Exhibitor's # /Sale or Auction Tag # 360 Class # 14

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 Foreign Substance

DQP's Initials [Signature]

Show management notified

Corrected + Respect + Show

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.



27994

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

DQP TICKET

Date 7/11/09

Name of Show Arab Park + Pec. Horse Show
City, State Arab. Ala.
Show Manager _____

Horse's Name Chicago night Registration Number 20611249
Age _____ Sex S Color Black
Markings _____

Owner per Twitter
Horse Owner Bill Gray Mailing Address [REDACTED]
City, State Pell City AL Zip 35125

8/15/09
Horse Trainer Hugh Taylor Trainer's License # 88169
Mailing Address [REDACTED]
City, State PO Box 64 Zip 35044
Daytime Phone _____

Horse Exhibitor Jaron Compton Amateur/Juvenile # 1109-09
Mailing Address [REDACTED]
City, State Childersburg AL Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 701 Exhibitors Class No. 32A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date _____ Time 10:26 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: [Signature]
DQP's Signature / License #: [Signature]
Custodian or Assistant's Signature: _____



27995

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 July 11 09

Name of Show Arab Parks + Rec. Horse Show

City, State Anniston Ala

Show Manager Steve Adams

Horse's Name FAVORITE CLOUD 9 Registration Number 20404864
2047864

Age _____ Sex _____ Color Black

Markings _____

TWHEBBA JD Ginger Evans

Horse Owner JD + Ginger Evans Daytime Phone _____

Mailing Address b(6)

City, State Crossville AL Zip 35962-5128

Hugh Taylor

Horse Trainer Taylor Farm Trainer's License # 88169

Mailing Address b(6)

City, State Childers Farm Ala Zip 35044

Daytime Phone _____

Horse Exhibitor Ginger Evans Amateur/Juvenile # 1623-09

Mailing Address b(6)

City, State Crossville, AL Zip 35962

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 9 Exhibitors Class No. 25
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/11/09 Time _____ A.M. P.M. (circle one)

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

Scar Rule WPA

(Office Use Only): _____

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

Hugh Taylor
TRAINER'S SIGNATURE

Steve Adams #201
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

John Black #76



27996

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 July 11/09

Name of Show Arab Paint Rec. Horse Show

City, State Arab Ala.

Show Manager Steve HALIMAN

owner per RHSAA
Horse's Name PUSHERS A12 PRO Registration Number 993322

Age _____ Sex _____ Color _____

Markings _____

owner per RHSAA
Horse Owner CARTER FARMS Daytime Phone _____

Mailing Address [REDACTED]

City, State Riceville TN Zip 37370

Horse Trainer BRENT CARTER Trainer's License # 1066

8/15/09
Mailing Address [REDACTED]

City, State RICEVILLE TENN Zip 37370

Daytime Phone _____

Horse Exhibitor BRENT CARTER Amateur/Juvenile # 1066

Mailing Address Same

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 322 Exhibitors Class No. 17
Class Description _____

B. Sale or Auction Tag _____

Inspection Date July 11/09 Time 800 A.M. (P.M.) (circle one)

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

UNI LATERAL SENSITIVITY Right foot front
T BOTH SIDES

(Office Use Only): _____

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

[Signature]
TRAINER'S SIGNATURE

[Signature] 201
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

[Signature] #76

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED

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

FOIA 16-042-000246

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 Fair Horse

27997

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

DQP TICKET

Date July 12 / 09

Name of Show ARAB Park Horse Show
City, State ARAB ALABAMA
Show Manager STEVE HALLMAN

Horse's Name A BLACK POWER Registration Number 20303118
Age 7 Sex g Color Black
Markings Partway HBB Ricky Parker 41

Horse Owner R. LYNE PARKER
Mailing Address [REDACTED]
City, State Flomence ALA Zip _____

Horse Trainer Ron Parker Trainer's License # 2527-09
Mailing Address [REDACTED]
City, State Flomence AL Zip 35634
Daytime Phone [REDACTED]
8/15/09

Horse Exhibitor R. Lyn + Parker Amateur/Juvenile # 3527-09
Mailing Address _____
City, State Flomence Ala Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 164 Exhibitors Class No. 8
Class Description _____
B. Sale or Auction Tag _____

Inspection Date July 12 09 Time 7:01 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCARBULE HIPA.

(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

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

Name of Show Cornersville Lions Club Horse Show
City, State Cornersville, TN Inspection Date 7/10/09
Show Manager _____ Inspection Time 10:10 A.M. (P.M.)
(circle one)

Horse's Name Preakness Registration # 20314562

Horse Owner Dr + Mrs R Rival Daytime Phone _____
Address _____
City, State Oklahoma City, OK Zip _____
San Juan, Puerto Rico Zip 73111

Horse Trainer Brandye Mills Trainer's Lic. # 95749
Address _____
City, State Arrington, TN Zip _____

Horse Exhibitor Brandye Mills
Address _____
City, State Arrington, TN Zip 23
Exhibitor's # / Sale or Auction Tag # 130 Class # 2F 40475

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 illegal shoeing (lead below bearing surface of shoe)
 Show management notified

DQP's Initials [Signature]

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

Name of Show Cornersville Lions
City, State Cornersville, TN Inspection Date 7/10/09
Show Manager _____ Inspection Time 8:00 A.M. P.M.
(circle one)

Horse's Name The Silver Bandit Registration # 979912

TW HBEA:
Horse Owner Scott + Kim Leonard Daytime Phone _____
Address b(6)
City, State Greenville, WI Zip 53129

Horse Trainer Brandee Mills Trainer's Lic. # 957219
Address b(6)
City, State Arrington, TN Zip 40475

Horse Exhibitor Kim Leonard 1075-09
Address b(6)
City, State Greenville, WI Zip 33129
Exhibitor's # / Sale or Auction Tag # 132 Class # 11

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 inconsistent hoof test

[Signature]
DQP's Initials

Show management notified

SHOW

27559

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 07-10-09

Name of Show CORNERVILLE LIONS CLUB 63RD ANNUAL HORSE SHOW
City, State CORNERVILLE, TN
Show Manager _____

Horse's Name Jose Bonita Registration Number 20604020
Age _____ Sex _____ Color _____
Markings _____

~~TWHEBA: MARYANN Blessing!~~
Horse Owner What a Blessing Farm Daytime Phone _____
Mailing Address b(6)
City, State Bristol, TN Zip 37621

Horse Trainer Knox Blackburn Trainer's License # _____
8/20/09 Mailing Address b(6)
City, State Franklin, TN Zip 37064
Daytime Phone _____

Horse Exhibitor Knox Blackburn Amateur/Juvenile # _____
Mailing Address b(6)
City, State Franklin, TN Zip 37064

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 171 Exhibitors Class No. 10
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/10/09 Time 7:50 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
SCAR RULE - BOTH FEET POSTERIOR WRAP AROUND. MEDIAL
MPA VIOLATION

(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 # 76
Don Hollan 201

SHOW

27560

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 07-10-09

Name of Show CORNERVILLE LIONS CLUB 63rd ANNUAL HORSE SHOW

City, State CORNERVILLE, TN

Show Manager _____

Horse's Name Jase's Matador Registration Number 20305898

Age _____ Sex _____ Color _____

Markings _____ b(6)

TR.BFA: Louis Coleman

Horse Owner Betsy Garrard Daytime Phone 37183

Mailing Address _____ b(6)

City, State Shelbyville, TN
Wartrace

Zip 37160

Horse Trainer Bobby Sanders Trainer's License # 081567

Mailing Address _____ b(6)

City, State Wartrace, TN

Zip 37183

Daytime Phone _____

Horse Exhibitor Holly Sanders Amateur/Juvenile # 0039

Mailing Address _____ b(6)

City, State Wartrace TN

Zip 37183

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 142

Exhibitors Class No. 20
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 07-10-09 Time 9:10 A.M. (P.M.) (circle one)

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

REACTED TO PALPATION (RIGHT FOOT - TUCKING UP FLANK,
CHEWING ON BIT, UNCOMFORTABLE IN BACK END

(Office Use Only): unilateral

DQP notified Show Management that such horse was excused or disqualified

Bobby Sanders
TRAINER'S SIGNATURE

Johnny Black # 76
DQP'S SIGNATURE / LICENSE #

Robert Gunn
CUSTODIAN OR ASSISTANT'S SIGNATURE

Den Hart # 201

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



27761

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 7-10-09

Name of Show Covearsville Lions Club
City, State Covearsville, Tenn.
Show Manager Bobby McDaniel
SHARE THE

Horse's Name Share The Moment Registration Number 20311386
Age 5 Sex Stallion Color Grey Roan
Markings _____

TWHBEA:

Horse Owner Don P... [redacted] Daytime Phone [redacted]
Mailing Address [redacted]
City, State Eighty four Penn. Zip 15330

9/20/09

Horse Trainer Kevin Gower Trainer's License # _____
Mailing Address [redacted]
City, State Louisburg TN Zip 37091
Daytime Phone [redacted]

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address SAME AS TRAINER
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 157 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-10-09 Time 7:30 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.
Kevin Gower #19 TRAINER'S SIGNATURE
Will Edwards #100 DQP'S SIGNATURE / LICENSE #
Kevin Gower CUSTODIAN OR ASSISTANT'S SIGNATURE
Johnny Black #76



27762

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 7-10-09

Name of Show Cornersville Lions Club
City, State Cornersville TN
Show Manager Bobby McDaniel

Horse's Name E.T.'s Pushin A Score Registration Number 19902466
Age 10 Sex M Color Black
Markings 4 white legs

TWHBEA: Kenneth Jenkins Unionville
Horse Owner Lacey Archer Daytime Phone _____
Mailing Address _____
City, State Unionville, TN Zip 37180

Horse Trainer Jeremy Archer Trainer's License # _____
Mailing Address _____
City, State Unionville TN Zip 37180
Daytime Phone _____

Horse Exhibitor same as owner Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 173 Exhibitors Class No. 11
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-10-09 Time 7:57 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore Left Foot

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jeremy Archer TRAINER'S SIGNATURE
Will Smith #100 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

Name of Show Pine Spur Hunt Club 56th Annual
City, State Vinton VA Inspection Date 7-11-09
Show Manager India England Inspection Time 7:40 A.M. P.M.
(circle one)

Horse's Name Pushina Dynamite Registration # 20110456
Paris Ky 40301

TWITTER# Larry Overly sterling center
Horse Owner Susie Overstreet Daytime Phone [REDACTED]
Address [REDACTED]
City, State Vinton VA Zip 24179

Horse Trainer _____ Trainer's Lic. # _____
Address _____
City, State _____ Zip _____

Horse Exhibitor Paris Weew
Address [REDACTED]
City, State Vinton VA Zip 24179
Exhibitor's # /Sale or Auction Tag # 585 Class # 46

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 _____

150
DQP's Initials

Show management notified

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

Name of Show 56th Annual Horse Show Pine Spar Hunt Club
City, State Vinton VA Inspection Date 7-11-09
Show Manager India England Inspection Time 7:30 A.M. (P.M.)
(circle one)

Horse's Name Dr Danger Registration # 20002304

TWABEA Norma Cr. Clear ^{b(6)}
Horse Owner Adam Flick ^{b(6)} Daytime Phone [REDACTED]
Address [REDACTED]
City, State Boardway VA Zip 22815

Horse Trainer _____ Trainer's Lic. # _____
Address _____
City, State _____ Zip _____

Horse Exhibitor Adam Flick
Address [REDACTED] ^{b(6)}
City, State Boardway VA Zip 22815
Exhibitor's # /Sale or Auction Tag # 45 Class # 42

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 _____

ISO
DQP's Initials

Show management notified



27549

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 9-11-09

Name of Show Pine Spur Hunt Club Horse Show
City, State Vinton VA
Show Manager India England

Horse's Name Wonder Struck Registration Number 951242
Age 12 Sex ♂ Color Sorrell
Markings White star PA

TWHBEA: Manny Mendelsohn b(6) Petersville
Horse Owner Jeffery Johnson b(6) [Redacted]
Mailing Address [Redacted]
City, State Blair VA Zip 24315

Horse Trainer [Redacted] Trainer's License # [Redacted]
Mailing Address Same
City, State _____ Zip _____
Daytime Phone _____

Horse Exhibitor Eric Johnson Amateur/Juvenile # 58566
Mailing Address [Redacted]
City, State Blair VA Zip 24315

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 246 Exhibitors Class No. 63
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 9-11-09 Time 10:03 A.M. (P.M.) (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] DQP'S SIGNATURE / LICENSE # 150
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

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

Name of Show Tony Trice Center Horse Show
City, State Shelbyville, TN Inspection Date 7-5-09
Show Manager _____ Inspection Time 5:11 A.M. P.M.
(circle one)

Horse's Name Miss Bernadette Registration # 20206693

Horse Owner Brian & Nathan Anderton Daytime Phone _____
Address ^{b(6)} _____
City, State Molton, AL Zip 35650

Horse Trainer Anderton Farms Trainer's Lic. # 734
Address ^{b(6)} _____
City, State Molton, AL Zip 35650

Horse Exhibitor Nathan Anderton 736
Address ^{b(6)} _____
City, State Molton AL Zip 35650
Exhibitor's # / Sale or Auction Tag # 2 Class # 4

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]
#205

Show management notified

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

Name of Show Tony Rice Center Hott Horse Show
City, State Shelbyville, TN Inspection Date 7/5/09
Show Manager _____ Inspection Time 8:40 A.M. P.M.
(circle one)

owner Partwholen
Horse's Name My favorite Registration # 202129998
Buren McArdle
Owner Dennis & Kelly Watts *Sheppy Beam*
Address Rogland, AL
City, State AL Zip 35131

Horse Trainer Ross Campbell Trainer's Lic. # 97929
Address Cullman, AL
City, State Cullman Zip 3505

Horse Exhibitor Kelly Watts
Address Rogland, AL
City, State AL Zip _____
Exhibitor's # /Sale or Auction Tag # 83 Class # 23

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 _____

JD
DQP's Initials

Show management notified

SHOW

27657

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 7/5/09

Name of Show Tony Rice
City, State Shelbyville
Show Manager _____

Horse's Name Keepsake's Power Ball Registration Number 20307535
Age _____ Sex _____ Color _____
Markings _____

Owner per TWHBEA
Horse Owner SHARON GRIFFIN Daytime Phone _____
Mailing Address Shelbyville _____
City, State Tenn Shelbyville Zip 37160

8/11/09
Horse Trainer JOHN D PUCKETT STABLES Trainer's License # 015395
Mailing Address _____
City, State Wadsworth Zip 37183
Daytime Phone _____

Horse Exhibitor SHARON _____
Mailing Address _____
City, State Shelbyville, TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 38 Exhibitors Class No. 23
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/5/09 Time 8:40 A.M. P.M. (circle one)

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

Unilateral Sore MPA
Both DQP's

(Office Use Only): _____

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

TRAINER'S SIGNATURE _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____
owner

DQP'S SIGNATURE / LICENSE # _____
John D Pickett #201

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

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

FOIA 10-042:000259

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.



27954

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

DQP TICKET

Date 7-5-09

Name of Show Tony Rice Center Horse Show
City, State Shelbyville, TN
Show Manager _____

Horse's Name Intrepidation Registration Number 20507462
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Gene Staefler Daytime Phone _____
Mailing Address [REDACTED]
City, State Shelbyville TN Zip _____
Bell Buckle TN 37020

8/1/09
Horse Trainer Gregg Holland Trainer's License # 21242
Mailing Address [REDACTED]
City, State Shelbyville TN 37160 Zip _____
Daytime Phone [REDACTED]

Horse Exhibitor Tiger Kilgore Amateur/Juvenile # Pending
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 55 Exhibitors Class No. 18A
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/5/09 Time 7:25 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Spore
Both DQ's 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

SHOW

Tennessee State Fair Horse

27957

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 7-5-09

Name of Show Tony Rice Center Horse Show
City, State Shelbyville, TN
Show Manager _____

Horse's Name Armed for Magic Registration Number 20307256
Age _____ Sex _____ Color _____

Markings _____

Owner per TWB: Wynne & Sandra Barnes

Horse Owner Rebecca Nastinas Daytime Phone _____

Mailing Address _____

City, State Shelbyville, TN Zip _____

Horse Trainer Harvey Rodriguez License # 94738

Mailing Address _____

City, State Shelbyville TN Zip _____

Daytime Phone _____

Horse Exhibitor Harvey Rodriguez Amateur/Juvenile # 94738

Mailing Address _____

City, State Belfast, TN Zip 37180

Shelbyville TN

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 143 Exhibitors Class No. 17
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/5/09 Time 7:36 A.M. (P.M. (circle one))

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

Unilateral Sore NPA
Both DQ's

(Office Use Only): _____

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

H-R
TRAINER'S SIGNATURE

Ly Shub #205
DQP'S SIGNATURE / LICENSE #
Rebecca Nastinas 204

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 40-042:000261

SHOW

27983

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 7/5/09

Name of Show Tony Rice Center Horse Show
City, State Shelbyville, TN
Show Manager _____

Horse's Name Masked Commander Registration Number 20404907
Age _____ Sex _____ Color _____
Markings _____

OWNER PER TW H B ER
Horse Owner Dan Holmes Daytime Phone _____
Mailing Address [REDACTED]
City, State Fort Wayne, Ind. Huntertown IN Zip 46748

8/10/09
Horse Trainer Dan Holmes Trainer's License # _____
Mailing Address [REDACTED]
City, State Fort Wayne, Ind. Zip 46748
Daytime Phone Huntertown IN

Horse Exhibitor Chaf Mills Amateur/Juvenile # 3348-09
Mailing Address Called. Inquirer & Who A
City, State NO information Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 144 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/5/09 Time 9:35 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

unilateral Sore
Both DQP's HFA

(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 #
by [Signature] #205
[Signature] 204

SHOW

27893

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 7/24/09

Name of Show Lewisburg - Marshall Co. Horseman's Assn.
City, State Lewisburg, TN
Show Manager Wayne Dean / Herb Miller

Horse's Name Good Time Freddie Registration Number 20103191
Age _____ Sex _____ Color _____
Markings _____
TWHEBA

Horse Owner Jeannie Harrison Daytime Phone _____
Mailing Address _____
City, State Augusta, GA Zip _____
CROVERTOWN GA 30813

Horse Trainer Justin Harris Trainer's License # 021209
Mailing Address _____
City, State Shelbyville, TN Zip 37160
Daytime Phone _____
9/1/09

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 120 Exhibitors Class No. 3
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-24-09 Time 5:25 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
unilateral - outside left foot

(Office Use Only): _____

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

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

27894

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 7-24-09

Name of Show Marshall County Horsemen's Ass
City, State Lewisburg TN
Show Manager _____

Horse's Name Jaz's White Knight Registration Number 20611647
Age 3 Sex _____ Color White
Markings _____

Horse Owner Debra Coleman PO Box 329 Daytime Phone _____
Mailing Address Clemmons, NC
City, State Clemmons, NC Zip 27012

Horse Trainer Charlie Green Trainer's License # 88262
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160
Daytime Phone _____

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 115 Exhibitors Class No. 10
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-24-09 Time 6:55 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore Right Foot inside
Move very slow

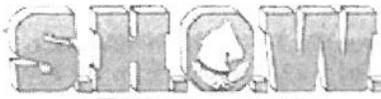
(Office Use Only):

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

TRAINER'S SIGNATURE

DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



27896

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 7-24-09

Name of Show Marshall County Horsemen's Ass
City, State Lewisburg TN
Show Manager _____

Horse's Name IM King James Registration Number 207-3794
Age 2 Sex S Color Sorte
Markings _____

Horse Owner Brett Jones Daytime Phone _____
Mailing Address _____
City, State Tyler town, NC Zip 39667

Horse Trainer Justin Harris Trainer's License # 061217
Mailing Address _____
City, State Shelbyville TN Zip 37160
Daytime Phone _____

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 120 Exhibitors Class No. 22
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-24-09 Time 8:50 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral A1 Sore Outside Left Foot

(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 _____

SHOW

27897

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 7-24-09

Name of Show Marshall Co. Horseman's Asso.
City, State Lewisburg, TN
Show Manager Wayne Dean

Horse's Name Famous Fable Registration Number 20211249
Age _____ Sex _____ Color _____

Markings TWHBEA Roberts b(6)

Horse Owner Suzzane Alberts and Daytime Phone Lewisburg TN
Mailing Address Baymor Farms
City, State Lewisburg, TN Zip 37091

9/1/09
Horse Trainer Ernest Voten Trainer's License # 88178
Mailing Address b(6)
City, State Shelbyville, TN Zip 37160
Daytime Phone _____

Horse Exhibitor Ernest Voten Amateur/Juvenile # _____
Mailing Address b(6)
City, State Shelbyville, TN Zip 37160

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 138 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-24-09 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 Inside Right Foot

(Office Use Only): _____

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

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

Tennessee Horse Show

28001

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 2/24/09

Name of Show Marshall Co. Horseman's Asso
City, State Lewisburg, TN
Show Manager Wayne Dean

Horse's Name The Southern Way Registration Number 2002169
Age _____ Sex _____ Color _____

Markings TWHBEA

Horse Owner Charles Gault Belle Meadow FARM Daytime Phone _____
Mailing Address [REDACTED]
City, State Wartrace, TN Zip 37183

Horse Trainer Tony Mamer Trainer's License # 041311
Mailing Address [REDACTED]
City, State Bell Buckle, TN Zip 37020
Daytime Phone _____

Horse Exhibitor Tamara Kasser Amateur/Juvenile # 1495
Mailing Address [REDACTED]
City, State Wartrace TN 37183 Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 108 Exhibitors Class No. 17
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 2/24 Time 7:52 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing MPA

(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

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.



28002

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

DQP TICKET

Date 7/24/09

Name of Show Marshall Co. Horseman's Assc.
City, State Lewisburg, TN
Show Manager Wayne Bean

Horse's Name Made Over All Over Registration Number 20410660
30606867
Age _____ Sex _____ Color _____

Markings TWHTB/E/A
Mr Preston Sweeney

Horse Owner Preston Avery? Daytime Phone _____
Mailing Address _____
City, State Murfreesboro, TN Zip 37130

✓ Horse Trainer Don Mason Trainer's License # 021247
9-1-09 Mailing Address _____
City, State Petersburg, TN Zip 37144
Daytime Phone _____

Horse Exhibitor Don Mason Amateur/Juvenile # _____
Mailing Address _____
City, State Petersburg, TN Zip 37144

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 469 Exhibitors Class No. 27
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/24 Time 9:46 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

SCAR Rube
Dr Mullins / Dr Bennett WPA
Both Checked

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Don Mason TRAINER'S SIGNATURE
Wayne Bean 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.



28003

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

DQP TICKET

Date 7/24/09

Name of Show Marshall Co. Horseman's Asso.
City, State Lewisburg, TN
Show Manager Wayne Dean

Horse's Name Nine Dangerous Yards Registration Number 20512115 pending
Age _____ Sex _____ Color _____

Markings TWHEB

Horse Owner Dr. & Mrs. Passar White Phone _____
Mailing Address _____
City, State Clinto, MS Zip 39056

Horse Trainer Jack Wau Trainer's License # Pending
Mailing Address _____
City, State Lewisburg, TN Zip 37091
Daytime Phone _____

Horse Exhibitor Jack Wau Amateur/Juvenile # pending
Mailing Address _____
City, State Lewisburg, TN Zip 37091

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 125 Exhibitors Class No. 30
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/24 Time 10:00 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
DR Muldare

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
X TRAINER'S SIGNATURE Wayne Dean 209 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.

SHOW

Tennessee Quarter Horse

28004

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

DQP TICKET

Date 7/24/09

Name of Show Marshall Co. Horseman's Assn.
City, State Leitchburg TN
Show Manager Wayne Dean

Horse's Name Masati Registration Number 20609720
Age _____ Sex _____ Color _____

Markings
TWHBEA! Carolyn Joseph

Horse Owner Ashley Joseph & Family Daytime Phone _____
Mailing Address [REDACTED]
City, State Columbiana, AL Zip 35051

Horse Trainer Bryan Smith Trainer's License # 001147
Mailing Address [REDACTED]
City, State Franklin TN Zip 37064
Daytime Phone _____
09/1/09

Horse Exhibitor Ashley Joseph Amateur/Junior # 0748
Mailing Address [REDACTED]
City, State Columbiana, AL Zip 35051

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 137 Exhibitors Class No. 32
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/24 Time 10:55 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance / unilateral sore
HPA DR Mullins / DR Benoit

(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.



28009

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

DQP TICKET

Date 7/24/09

Name of Show Marshall Co. Horseman's Assn
City, State Lewisburg, TN
Show Manager Wayne Dean / Herb Miller

Horse's Name More of The Dollar Registration Number _____
Age _____ Sex _____ Color _____
Markings _____

TWHEBA Deborah Adcock b(6)

Horse Owner Bob Adcock Daytime Phone _____
Mailing Address _____
City, State Lititz, PA Zip 17543

SAM McLaughlin

Horse Trainer The Stables AT Alpha Place Trainer's License # 98953
Mailing Address _____
City, State Lititz, PA Zip 17543
Daytime Phone _____

9-1-09

Horse Exhibitor Dillon? Dylan Sain Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville, TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 152 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/24/09 Time 2:08 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Staging NPA
Tom & DR Mullins

(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 _____

SHOW

Tennessee State Fair

28013

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 7/24

Name of Show Lewisburg, TN Marshall Co. Horsemen's Ass'n
City, State Lewisburg, TN
Show Manager Wayne Dean / Herb Miller

Horse's Name Pushover In Dixie Registration Number 975732
Age _____ Sex _____ Color _____

Markings TWHBEA Charles E Gavin III

Horse Owner Belle Meddow Farm Daytime Phone _____
Mailing Address [REDACTED]
City, State Wartrace, TN Zip 37183

Horse Trainer Mark West Trainer's License # 0423195
Mailing Address [REDACTED]
City, State Manchester, TN Zip 37355
Daytime Phone _____

Horse Exhibitor Tamara Kasser Amateur/Juvenile # H9259
Mailing Address [REDACTED]
City, State Wartrace TN Zip 37183

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 132 Exhibitors Class No. 3
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/24 Time 5:20 A.M. PM (circle one)

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

Unilateral Sore MPA

(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 _____

SHOW

28018

Tennessee DQP Show

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 7/24/09

Name of Show Marshall Co Horseman Ass

City, State _____

Show Manager Lewisburg TN

Horse's Name 1st Team All American Registration Number 20703594

Age 2 Sex S Color BL

Markings Star
TW HBEIA

Horse Owner Greg Luke Daytime Phone _____

Mailing Address _____

City, State Onway, OHIO Zip 45657

Horse Trainer Tom Yoklen Trainer's License # 94731

Mailing Address _____

City, State Ethridge TN Zip 38456

Daytime Phone _____

Horse Exhibitor Ryan Yoklen Amateur/Juvenile # 3925-08

Mailing Address _____

City, State Ethridge TN Zip 38456

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 154 Exhibitors Class No. 17
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/24 Time 2:45 A.M. P.M. (circle one)

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

Unilateral Sore MPA

(Office Use Only): _____

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

Jessam Adams
TRAINER'S SIGNATURE

Tom Yoklen #209
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

Name of Show Brownsville/Haywood County Working Horse Classic
City, State Brownsville, TN Inspection Date 7-10-09
Show Manager _____ Inspection Time 8:44 A.M. P.M.
(circle one)

Horse's Name AIAS Atais Woody Registration # 20406554

owner per TWORFE by Holley
Horse Owner Ellen Heller Jr. Daytime Phone _____
Address b(6)
City, State Charlotte, TN Zip 37036

Horse Trainer Mike Whittenlumar Trainer's Lic. # AAA 081546
Address b(6)
City, State Fairview, TN Zip 37062

Horse Exhibitor Kristy Margen 0869
Address _____
City, State _____ Zip _____

Exhibitor's # /Sale or Auction Tag # 441 Class # 16

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 _____

AD
DQP's Initials

Show management notified



27540

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 7-10-09

Name of Show Brownsville / Haywood County Walking Horse Show Classic
City, State Brownsville, TN
Show Manager _____

Horse's Name Top Gun at the Ritz Registration Number 20412708
Age _____ Sex _____ Color _____
Markings _____

owner per TWHBEA

Horse Owner Linda Morrow Daytime Phone _____
Mailing Address _____
City, State Memphis, TN Zip 38128

dulos

Horse Trainer Zach Parsons Holwa Trainer's License # AA41707
Mailing Address _____
City, State Somersville, TN Bolivar TN Zip 38008
Daytime Phone _____

Horse Exhibitor Morgan McClure Amateur/Juvenile # 2089-09
Mailing Address _____
City, State Memphis TN Zip 38141

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 375 Exhibitors Class No. 18 B
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-10-09 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
See Exam Sheet

(Office Use Only): _____

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

TRAINER'S SIGNATURE

Jef Cordell #118
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

Keith Davis 208

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

Name of Show Brownsville/Haywood County Walking Horse Show
City, State Brownsville, TN Inspection Date 7-10-09
Show Manager _____ Inspection Time 8:10 A.M. P.M.
(circle one)

Horse's Name Santana's Pushin Dixie Registration # 19904180

owners per TWIFE A...
Horse Owner Joe & Sandra Pippin-Cliff Daytime Phone _____
Address b(6)
City, State Savannah Zip 38372

Horse Trainer Joe Cliff Trainer's Lic. # 1593-09
Address Same
City, State Savannah Zip _____

Horse Exhibitor Sandra Pippin-Cliff
Address Same
City, State Savannah Zip _____
Exhibitor's # /Sale or Auction Tag # 564 Class # 13

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 _____

[Signature]
DQP's Initials

Show management notified

SHOW

Tennessee State Fair Horse

28010

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 7/23/09

Name of Show Dickson Co Saddle Club
City, State Dickson, TN
Show Manager Danny Fussel

Horse's Name Sweeping the Spotlight Registration Number 20711547
Age _____ Sex _____ Color I

Markings TWIT BEA; GREGORY L SAMPLES

Horse Owner Dustin Smith Daytime Phone _____
Mailing Address _____
City, State Alvaton Ky Zip 42122

Horse Trainer Dustin Smith Trainer's License # 9846-09
Mailing Address _____
City, State Alvaton Ky Zip 42122
Daytime Phone _____

8/23/09

Horse Exhibitor Dustin Smith Amateur/Juvenile # _____
Mailing Address _____
City, State Alvaton Ky Zip 42122

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 6 Exhibitors Class No. 7
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/23 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 HPA
Inside of Right foot Both DQPS

(Office Use Only):

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

Dustin R. Smith
TRAINER'S SIGNATURE

Dickson Club #209
Danny Fussel #208
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 10-042:000277

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.



27541

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

DQP TICKET

Date 7-10-09

Name of Show Brownsville/Haywood County Walking Horse Show Classic
City, State Brownsville, TN
Show Manager _____

Horse's Name Skywalkin for Roses Registration Number 20405889
Age _____ Sex _____ Color _____
Markings _____

owner per TWIT BEN
Horse Owner Ruby Starfill Daytime Phone _____
Mailing Address [REDACTED]
City, State Lexington, TN Zip 38351

8/11/09
Horse Trainer Judy Starfill Stables Trainer's License # 2085-07
Mailing Address [REDACTED]
City, State Lexington, TN Zip _____
Daytime Phone _____

Horse Exhibitor Judy Starfill Amateur/Juvenile # 1967-09
Mailing Address [REDACTED]
City, State Lexington TN Zip 38351

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 583 Exhibitors Class No. 20
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-10-09 Time 10:13 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore
See Exam sheet

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # 118
CUSTODIAN OR ASSISTANT'S SIGNATURE _____ [Signature] 208



27542

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 July 10, 2009

Name of Show Boursville/Haywood County Walking Horse Show Classic
City, State Boursville, TN
Show Manager _____

Horse's Name The Cleansweep Registration Number 20200781
Age _____ Sex _____ Color _____

owner per Frank C Bailey Markings _____
b(6)

Horse Owner Kaylee Payne (Juvenile) Daytime Phone _____
Mailing Address _____
City, State Arlington, TN Zip 38002

8/11/09
Horse Trainer Jerry Payne Trainer's License # _____
Mailing Address _____
City, State Arlington, TN Zip 38002
Daytime Phone _____

Horse Exhibitor Jerry Payne Amateur/Juvenile # 2435-09
Mailing Address _____
City, State ARLINGTON, TN Zip 38002

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 398 Exhibitors Class No. 23
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-10-09 Time 10:23 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule - See Exam sheet

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Jerry Payne TRAINER'S SIGNATURE
John Landell #118 DQP'S SIGNATURE / LICENSE #
Keith Harris 208

CUSTODIAN OR ASSISTANT'S SIGNATURE



27875

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 July 10, 2009

Name of Show Brownsville/Haywood Co. Working Horse Show
City, State Brownsville, TN

Show Manager
owner per TWTBETA

Horse's Name lily's Express Registration Number 20502294
Age Lilly's Sex _____ Color _____
Markings _____

owner per TWTBETA FRANKIE D. HO

Horse Owner Paula & Mark Whitaker Daytime Phone _____
Mailing Address _____
City, State Somerville, TN Zip 38068

Horse Trainer Donnie Jones Trainer's License # 96848
8/10/09 Summer Crest Farms
Mailing Address _____
City, State Oleir Branch, MS Zip 38671
Daytime Phone Southaven MS

Horse Exhibitor Deerie Jones Amateur/Juvenile # 96848
Mailing Address Same
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 438 Exhibitors Class No. _____
Class Description 22
- B. Sale or Auction Tag _____

Inspection Date 7-10-09 Time 9:47 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
UNILATERAL Sore outside ~~right~~ Left Front

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE _____ DQPS SIGNATURE / LICENSE # Beth Davis #208
Jan Cordell #118

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

09-160



27763

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 7-11-09

Name of Show Jackson County Walking Horse Show

City, State Gaushoro TN

Show Manager Jim Brown
WHAT A Future

Horse's Name WHAT AFUTURE Registration Number 9706670

Age 12 Sex G Color Black

Markings Star, snip, ~~off~~ left white fetlock
TWHBEA

Horse Owner Robbie b(6)

8/19/09
8/19/2000

Mailing Address b(6)

City, State Clarkrange TN Zip 38553

Horse Trainer Same Trainer's License # _____

Mailing Address _____

City, State _____ Zip _____

Daytime Phone _____

Horse Exhibitor Same Amateur/Juvenile # 1396-09

Mailing Address _____

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 333 Exhibitors Class No. 7 Class Description Show Pl. Am Sp

B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 6:40 A.M. (P.M.) (circle one)

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

SCAN Rule Bilateral Sore
Illegal Shoeing 3 1/2" Toe 2" Pad

(Office Use Only): _____

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

CUSTODIAN OR ASSISTANT'S SIGNATURE



27764

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 7-11-09

Name of Show Jackson County Horse Show
City, State Gainsboro TN
Show Manager Jim Brown

Horse's Name Magie Spring Registration Number _____
Age 10 Sex Gelding Color Sorrel
Markings Left hind hock

TWHBEA

Horse Owner Picky Trobaugh Daytime Phone b(6)
Mailing Address b(6)
City, State Salina TN Zip 38551

Horse Trainer _____ Trainer's License # _____
Mailing Address _____
City, State Same as owner Zip _____
Daytime Phone _____

Shelby

Horse Exhibitor Samantha Wall Amateur/Juvenile # _____
Mailing Address _____
City, State Livingston TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 135 Exhibitors Class No. 16 Class Description Aged Mares + Geldings
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 6:56 A.M. (P.M.) (circle one)

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

Illegal Shoeing 3 3/8 Toe 2" Pad

(Office Use Only): _____

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

Picky Trobaugh
TRAINER'S SIGNATURE

Will E. J. #100
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FORM 1042:000282

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



27765

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 7-11-09

Name of Show Jackson County Walking Horse Show
City, State Gainsboro TN.
Show Manager Jim Brown

Horse's Name Gold Sky MC. Registration Number 20502971
Age _____ Sex _____ Color _____

Markings TWHBEA

Horse Owner Michael Chaudlen Daytime Phone _____
Mailing Address _____
City, State Walling TN. Zip _____

Horse Trainer D+R Stables Trainer's License # 95296
Mailing Address _____
City, State Sparta TN. Zip 38582
Daytime Phone _____

Horse Exhibitor Michael Chaudlen Amateur/Juvenile # 2555-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 312 Exhibitors Class No. 18 Class Description 4 yr old walking
- B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 7:08 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing 3 3/4 Toe 2 1/2 Pad

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: James You DQP's Signature / License #: Will Edwards #100

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



27766

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 7-11-09

Name of Show Jackson County Walking Horse Show
City, State Cowansboro TN
Show Manager Jim Brown

Horse's Name Ozone Warming Registration Number 20508597
Age 4 Sex Stallion Color Sorrel
Markings Blaze
TWHBEA

Horse Owner Daniel Odum Daytime Phone _____
Mailing Address _____
City, State Cookeville TN Zip 38501

Horse Trainer Justin Cohen Trainer's License # 244209
Mailing Address _____
City, State Cookeville TN Zip 38501
Daytime Phone _____
8/20/09

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address SAME AS OWNER
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 357 Exhibitors Class No. _____ Class Description 18 4 yr old walking spec.
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 7:15 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Foreign Substance Liniment Smell

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified
Dustin Green TRAINER'S SIGNATURE
Will E. [Signature] DQP'S SIGNATURE / LICENSE # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE

27767



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 7-11-09

Name of Show Jackson County Horse Show
City, State Cornshoro TN
Show Manager Jim Brown

Horse's Name Pushers Family Tradition Registration Number 2040967
Age 5 Sex Stallion Color Grey Roan
Markings Blaze Hind Stocking

TWHBEA:

Horse Owner Neal Dearberry Daytime Phone _____
Mailing Address [REDACTED]
City, State Kingston TN Zip 37163

8/20/09

Horse Trainer Jerry Dearberry Trainer's License # AAA 98966
Mailing Address [REDACTED]
City, State Kingston TN Zip 37763
Daytime Phone [REDACTED]

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

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 5253 Exhibitors Class No. 22 Class Description AMA WALKING
- B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 8:07 A.M. P.M. (circle one)

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

Unilateral Sore Right Foot

(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. FOIA 10-042:000285

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



27883

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 7-11-09

Name of Show Tackson Co Walking Horse Show
City, State Warsburg TN
Show Manager Jim Brown

20708946

Horse's Name My Miss American Eagle Registration Number 20701291
Age 2 Sex Female Color Black
Markings Star

TWHEA! Lisa Bush

Horse Owner Doug & Lisa McDonald Daytime Phone _____
Mailing Address _____
City, State Hillman TN Zip 38568

Horse Trainer JB Buchanan Trainer's License # 893141
Mailing Address _____
City, State Cookeville TN Zip 38501
Daytime Phone _____

Analogy

Horse Exhibitor _____ Amateur/Juvenile # _____
Mailing Address _____
City, State Same as Trainer Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 40 Exhibitors Class No. 2624R Old
Class Description Walking
B. Sale or Auction Tag _____ Mares

Inspection Date 7-11-09 Time 8:55 A.M. P.M. (circle one)

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

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
JB Buchanan TRAINER'S SIGNATURE Will Edmond #100 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

27884

SHOW

Tennessee Walking 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 7-11-09

Name of Show Jackson County Walking Horse Show
City, State Gainsboro TN.
Show Manager Jim Brown

Horse's Name Willy Willy Wang Wang Registration Number 20403527
Age 5 Sex Gelding Color Black
Markings None

TWHBEA:

Horse Owner Bradley C Bottoms Mailing Address [Redacted] City, State Crossville TN Zip 38555

812012008
81201200

Horse Trainer _____ Trainer's License # _____
Mailing Address _____
City, State Same AS owner Zip _____
Daytime Phone _____

Horse Exhibitor _____ Amateur/Juvenile # 0437-09
Mailing Address Same AS owner
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 84 Exhibitors Class No. 27 Class Description open AMA walking
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 9:34 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.

Bradley C Bottoms
TRAINER'S SIGNATURE

Will Edmund #100
DQP'S SIGNATURE / LICENSE #
Mark West

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.



27863

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

DQP TICKET

Date 7-23-09

Name of Show Dickson Co. Saddle Club Horse Show
City, State Dickson, TN
Show Manager Danny Fussel

Horse's Name Checkin In At The Ritz Registration Number 20611047
Age _____ Sex _____ Color Black

Markings TWHBEA! Jackie Young b(6)

Horse Owner Oliver & Dappel b(6)
Mailing Address b(6)
City, State Bowling Green KY Zip 42102

Horse Trainer Smith Stables Trainer's License # _____
Mailing Address b(6)
City, State Alvaton, KY Zip 42122
Daytime Phone _____

8/23/09

Horse Exhibitor Dustin S III b(6)
Mailing Address b(6)
City, State Alvaton KY Zip 42122

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 6 Exhibitors Class No. 14 Class Description 3 yr old Am Stallion
- B. Sale or Auction Tag _____

Inspection Date 7-23-09 Time 7:55 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): _____

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

Dustin S III
TRAINER'S SIGNATURE

Richy L. Statham #21
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

9/2/09



27864

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 7-23-09

Name of Show Dickson Co. Saddle Club Horse Show
City, State Dickson, Tn
Show Manager Danny Fussel

Horse's Name An American Threat Registration Number 20700346
Age 2 Sex Stallion Color Deep Chesnut
Markings TWHBEA

Horse Owner Stan Wilman Daytime Phone _____
Mailing Address _____
City, State Rancho Cucamonga, California Zip 91729

Horse Trainer Dockery Stables Trainer's License # 95752
Mailing Address _____
City, State Kirk, Tn Zip 38679
Daytime Phone _____

Horse Exhibitor Jimmy McConnell Amateur/Juvenile # 88119
Mailing Address _____
City, State Union City, Tn Zip 38261

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 33 Exhibitors Class No. 23 Class Description 2yr old Stallion
B. Sale or Auction Tag _____

Inspection Date 7-23-09 Time 9:20 A.M. P.M. (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 Ricky L. Statham #21
DQP'S SIGNATURE / LICENSE # Gott Haus #208

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

27865

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 7-23-09

Name of Show Dickson Co. Saddle Club Horse Show
City, State Dickson, TN
Show Manager Danny Fussel

Horse's Name J.D. Black Cash Registration Number 20501443
Age 4 Sex Stallion Color Black
Markings _____

Horse Owner Jesse Dotson Family Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Thompson Station, TN Zip 37179
Charley

Horse Trainer Witherspoon Stables Trainer's License # 621244
Mailing Address ^{b(6)} _____
8/28/09 City, State Murphreeboro, TN Zip 37150
Daytime Phone _____

Horse Exhibitor Jay Witherspoon Amateur/Juvenile # 3949-09
Mailing Address ^{b(6)} _____
City, State Murphreeboro Zip 37130

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 69 Exhibitors Class No. 30 Class Description 4 yr old Am Stallion
- B. Sale or Auction Tag _____

Inspection Date 7-23-09 Time 10:00 A.M. (P.M.) (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.
Charlie Witherspoon TRAINER'S SIGNATURE
Ricky L. Statham #21 DQP'S SIGNATURE / LICENSE #
Paul Jones 202

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

27882



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 7-23-09

Name of Show Dickson Co Saddle Club
City, State Dickson TN
Show Manager Danny Fussel

Horse's Name Jubilee's Jackpot Registration Number 2011214813
Age _____ Sex _____ Color _____

Markings TWHBEA Schepka Casey Moon

Horse Owner Jenna Schepke / Casey Moon Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Hermitage TN Zip 37076

Horse Trainer Larry G Patton Trainer's License # 93642
8/28/09 Mailing Address ^{b(6)} _____
City, State MT Juliet TN Zip 37122
Daytime Phone _____

Horse Exhibitor Jenna Schepke Amateur/Juvenile # 2639-0
Mailing Address ^{b(6)} _____
City, State Hermitage TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 9 Exhibitors Class No. 25 Class Description Amateur PAK Performance
B. Sale or Auction Tag _____

Inspection Date 7-23-09 Time 9:38 A.M. (P.M. (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.

[Signature]
TRAINER'S SIGNATURE

[Signature] 208
DQP'S SIGNATURE / LICENSE #
Ricky L. Statham #21

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 10-042:000291

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

Name of Show 34th ANNUAL ILLINOIS STATE PACKING HORSE CHAMP.
City, State MARION, ILL. Inspection Date 07-31-09
Show Manager SCOTT WILLIAMS Inspection Time 10:00 A.M. (P.M.)

Horse's Name TWABEA Nyal Cannon Registration # 1013010 Lewisville, NC 27027

Horse Owner MIKE MEISENHEIMER Daytime Phone [REDACTED]
Address [REDACTED]
City, State JONESBORO, ILL Zip 62952

Horse Trainer Same M. Wo Meisenheimer Trainer's Lic. # [REDACTED]
Address [REDACTED]
City, State Jonesboro IL Zip 62952

Horse Exhibitor Lance Meisenheimer
Address [REDACTED]
City, State Jonesboro, IL Zip 62952
Exhibitor's # / Sale or Auction Tag # 99 Class # 19

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 _____

J.B.
DQP's Initials

Show management notified

SHOW

27720

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 7-11-09

Name of Show East Hall Dugout Club Horse Show
City, State ~~Wesley Crow~~ Gainesville, Ga
Show Manager Wesley Crow

Horse's Name A Crown Royal Registration Number 20012972
Age 8 Sex Gelding Color Grey Roan

Markings Becky Kidd-DAY b(6)

Horse Owner Randy & Oline Price Daytime Phone b(6)
Mailing Address b(6)
City, State Opelika, Al. Zip 36804

Horse Trainer George Slav Trainer's License # A071531
Mailing Address b(6)
City, State Opelika, Al. Zip 36804
Daytime Phone b(6)
8/11/09
8/24/09

Horse Exhibitor Oline Price Amateur/Juvenile # 373309
Mailing Address same as owner
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 164 Exhibitors Class No. 33 Class Description GWHLA Spec.
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 10:55 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Chains - Class retied

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE [Signature] DQP'S SIGNATURE / LICENSE # Ricky L. Statham #21

CUSTODIAN OR ASSISTANT'S SIGNATURE



27975

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 7-11-09

Name of Show East Hall dugout Club Horse Show

City, State GAINESVILLE GA

Show Manager Wesley Crow

owner per twHBEA Gloria Warr b(6)

Horse's Name Ringside Seat Registration Number 20610001

Age 2 Sex Stallion Color Strawberry Roan

Markings twHBEA: Rhonda Major b(6)

Horse Owner Hunter Price Daytime Phone b(6)

Mailing Address b(6)

City, State Opelika, AL Zip 36804

Horse Trainer Hunter Price Trainer's License # 061449

Mailing Address b(6)

City, State Opelika, AL Zip 36804

Daytime Phone b(6)

Horse Exhibitor Hunter Price Amateur/Juvenile # _____

Mailing Address Same

City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. # 1163 Exhibitors Class No. # 12
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 6:20 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 # Ricky L. Statham #21

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

Show

NHSC "UNACCEPTABLE" INFORMATION FORM

Name of Show International Grand Championship
City, State Inspection Date 7-29-09
Show Manager Jimmy Hall Inspection Time 10:02 A.M. (P.M.) (circle one)

Horse's Name Wizzer Done Abba Registration # 20502687
20602687

Horse Owner Dan Mendrickson Daytime Phone
Address
City, State Sebastopol CA Zip 95472

Horse Trainer Wendy Shaw Trainer's Lic. #
Address
City, State Zip

Horse Exhibitor Scarlett Mendrickson
Address
City, State Sebastopol CA Zip 95472
Exhibitor's # / Sale or Auction Tag # 42 Class # 119

CHECK ONE

[X] 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.) Left foot on Outside

___ 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

C. T. H. 28
DQP's Initials

[X] Show management notified

SHOW

27813

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 7-27-09

Name of Show International Grand Championship Pleasure + Calf Show
City, State Murfreesboro TN
Show Manager Johnny Hall

Horse's Name Prodigy Registration Number 20507288
Age _____ Sex _____ Color _____

Markings TW HBEA Robert Pollack

Horse Owner Pollacks Silver Spur Ranch Daytime Phone _____
Mailing Address [REDACTED]
City, State Shelbyville TN Sevierville TN Zip 37870

Horse Trainer Jimmy Harris Trainer's License # 91523
Mailing Address [REDACTED]
City, State San Martin CA Zip 95046
Daytime Phone [REDACTED]

Horse Exhibitor Terri Pollack Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State San Martin CA Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 61 Exhibitors Class No. 22 Class Description Perf Performance Open
B. Sale or Auction Tag _____

Inspection Date 7-27-09 Time 7:20 A.M. PM (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Illegal Shoeing 1 1/2 inch pad AT heel

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # 28

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.



28021

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

DQP TICKET

Date 7-27-09

Name of Show International Grand Championship
City, State Murfreesboro TN.
Show Manager Tommy Hall

Horse's Name Sunset Boulevard Registration Number 20314768
Age _____ Sex _____ Color _____

TWHBEN

Markings _____

Horse Owner Marilee Moran Daytime Phone _____
Mailing Address [REDACTED]
City, State YUCAIPA CA. Zip 92399

Horse Trainer Scott Benhan Trainer's License # _____
alolo Mailing Address [REDACTED]
City, State Ontario CA Zip 91761
Daytime Phone _____

Horse Exhibitor Scott Benhan Amateur/Juvenile # _____
Mailing Address [REDACTED]
City, State Ontario CA Zip 91761

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 28 Exhibitors Class No. 22
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7-27-09 Time 7:35 A.M. P.M. (circle one)

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

Illegal Shod 1 1/4 Left Foot
1 1/8 Right Foot

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Scott Benhan TRAINER'S SIGNATURE Will Ebel #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 10-042:000297

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.



28110

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

DQP TICKET

Date 7-28-09

Name of Show International Grand Championship
City, State Murfreesboro TN.
Show Manager Tommy Hall

Horse's Name Gen's In Command Registration Number 20401404
Age _____ Sex _____ Color _____
Markings _____

TWHA EA

Horse Owner Don Brown Daytime Phone _____
Mailing Address _____
City, State Franklin TN. Zip 37064

Horse Trainer Don Brown Trainer's License # _____
Mailing Address _____
City, State Same as owner Zip _____
Daytime Phone _____

Horse Exhibitor Mackenzie Gaidos Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 318 Exhibitors Class No. 71
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-28-09 Time 6:08 A.M. (P.M.) (circle one)

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

Illegal Shod Shoe 1" wide

(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 10-042:000298

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

Name of Show Ken-Tenn Championship
City, State Mayfield, Ky. Inspection Date 7-18-09
Show Manager Billy Britt Inspection Time 7:20 A.M. (P.M.)
(circle one)

Horse's Name Major's Black Pearl Registration # 20601245

TWHBEA!
Horse Owner George + Diane McAlpin Daytime Phone b(6)
Address b(6)
City, State Mayfield, Ky Zip 42066

Horse Trainer George McAlpin Trainer's Lic. # 274412
Address b(6)
City, State Mayfield, Ky Zip 42066

Horse Exhibitor George McAlpin
Address b(6)
City, State Mayfield, Ky Zip 42066
Exhibitor's # / Sale or Auction Tag # 7 Class # 12 Amateur O/T Walking Spec

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 _____

RLL # 21
DQP's Initials

Show management notified

SHOW

27812

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 7-11-09

Name of Show Wiser Farm, LLC Independence Sale
City, State Shelbyville, Tenn
Show Manager Grover Wilson

Horse's Name Ex's Royal Touch Registration Number 20215594
Age 7 Sex Stallion Color Black
Markings _____

Horse Owner Virgil Gilley Mailing Address _____
City, State Cartersville, Ga. Zip 30210

Horse Trainer Virgil Gilley Trainer's License # _____
Mailing Address _____
City, State Cartersville, Ga. Zip 30210
Daytime Phone _____

Horse Exhibitor Greg Keller Amateur/Juvenile # _____
Mailing Address _____
City, State Bowdon GA Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. _____ Exhibitors Class No. _____
Class Description _____
B. Sale or Auction Tag 64

Inspection Date 7-11-09 Time 2 P.M. A.M. (P.M. (circle one))

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

Unilateral sore H.P.A

(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 2009 TWH BEA World Versatility Show
 City, State Murfreesboro TN Inspection Date 7-25-09
 Show Manager Diane McMurtry Inspection Time 130 A.M. PM
 (circle one)

Horse's Name Ultra Flight's Big Rock Registration # 20702548

TWHEBA Kerchinski
 Horse Owner Donna M Kerchinski Daytime Phone b(6)
 Address b(6)
 City, State Shelbyville TN Zip 37160

Horse Trainer _____ Trainer's Lic. # _____
 Address N/A
 City, State _____ Zip _____

Horse Exhibitor Alan Calender
 Address b(6)
 City, State Shelbyville TN 37160 Zip _____
 Exhibitor's # / Sale or Auction Tag # 502 Class # 11

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 Had toe weight shoe 3/4" * 1" in Trail pressure walking class
HAM
 DQP's Initials Show management notified
NO show and sent back to barn.

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

Name of Show Belfast Horse Show
City, State Belfast, TN Inspection Date _____
Show Manager _____ Inspection Time _____ A.M. P.M.
(circle one)

Horse's Name Pat Her Up Registration # 20704862
~~FWHBEA~~
Horse Owner Darrell W. Frazier
Frazier + Frazier Farms Daytime Phone _____
Address b(6)
City, State Jamestown + Belfast, TN Zip _____

Horse Trainer Justin Jenne Trainer's Lic. # _____
Address b(6)
City, State Shelbyville In Zip 37160

Horse Exhibitor Justin Jenne
Address b(6) Shelby
City, State Belfast, TN Zip _____
Exhibitor's # /Sale or Auction Tag # 245 Class # 14

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 _____
Ty Edwards
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.



28091

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

DQP TICKET

Date 7/31/09

Name of Show Belfast Lions Club Show
City, State Belfast, TN
Show Manager Thomas Crockett

Horse's Name I'm a Voodoo Daddy Registration Number 9906022
Age _____ Sex _____ Color _____
Markings _____

TW HBEA

Horse Owner Bob Garber Daytime Phone _____
Mailing Address _____
City, State Union Grove, AL TN Zip 35175

9/2/09

Horse Trainer Stephen Brown Trainer's License # 1541
Mailing Address _____
City, State Arab AL Zip 35016
Daytime Phone _____

Horse Exhibitor Bo Beam Amateur/Juvenile # 2287
Mailing Address _____
City, State Arab TN Zip 35016

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 255 Exhibitors Class No. 5
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/31 Time 8:55 A.M. (P.M. (circle one))

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

Unilateral Sore MPA
POST SHOW Right Foot

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Stephen Brown 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

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

28092

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

DQP TICKET

Date 7/31/09

Name of Show Belfast Lions Club
City, State Belfast, TN
Show Manager Thomas' Crockett

Horse's Name Sky Full of Gold Registration Number 20303295
Age _____ Sex _____ Color _____
Markings _____

TWHEBEA Wanda
Horse Owner Pollacks Silver Spur Ranch Daytime Phone _____
Mailing Address _____
City, State Saratoga, CA + Shelbyville, TN Zip 95071

Horse Trainer James Norri's Trainer's License # 91573
9/2/09 Mailing Address _____
City, State San _____
Daytime Phone 371160

Horse Exhibitor Patty Polluck Amateur/Juvenile # 1725-09
Mailing Address _____
City, State Saratoga CA Zip 95071

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 10 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/31 Time 8:56 A.M. (P.M.) (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore MPT
Left Foot (Hoot festers OR Mud Ings)

(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 #
Tom Norri #209
Patty Polluck #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.



28094

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

DQP TICKET

Date 7/31/09

Name of Show Belfast Lions Club
City, State Belfast, TN
Show Manager Thomas Crockett

Horse's Name Remington Wtng Master Registration Number 20501725
Age _____ Sex _____ Color _____

Markings TWABFA: Kelsey Cheyanne Sheley Barnes
Horse Owner Southern Crest Stables Daytime Phone _____

Mailing Address _____
City, State Tullahoma, TN Zip _____

Horse Trainer J. B. Grenier Trainer's License # Pending
Mailing Address _____
City, State Tullahoma, TN Zip 37388
Daytime Phone _____

Horse Exhibitor J. B. Grenier Amateur/Juvenile # Pending
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 60 Exhibitors Class No. 11
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/31 Time 8:18 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
Over 1/2" Shoes

(Office Use Only): _____

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



28096

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

DQP TICKET

Date 7/31/09

Name of Show Belfast Lions Club
City, State Belfast, TN
Show Manager Thomas Crockett

Horse's Name Why Pull The Shade Registration Number 20601781
26001781

Age _____ Sex _____ Color _____
Markings TWHTBET Mr David Kelley b(6)

Horse Owner Chase Cooper Daytime Phone _____
Mailing Address b(6)
City, State Mt. Juliet, TN Zip 37122

Horse Trainer Mike Wilhelm Trainer's License # pending
9/2/09 Mailing Address b(6)
City, State Shelbyville, TN Zip _____
Daytime Phone _____

Horse Exhibitor Alecia Cooper Amateur/Juvenile # 0606-09
Mailing Address b(6)
City, State Mt Juliet TN Zip 37122

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 227 Exhibitors Class No. 16
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/31 Time 10:07 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scare Rule MHA
Show Camera has P.A. (Post Show)

(Office Use Only):
 DQP notified Show Management that such horse was excused or disqualified.
Mike Wilhelm TRAINER'S SIGNATURE
By Ethel 509 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

Name of Show PC Splash Classic
City, State _____ Inspection Date _____
Show Manager _____ Inspection Time 8:55 A.M. P.M.
(circle one)

Horse's Name 9 yards of Major Trouble Registration # 20508876

Horse Owner NORA Alexander Dextrose Phos _____
Address _____
City, State Jackson TN Zip 38301

Horse Trainer Casen Mutter Trainer's Lic. # _____
Address _____
City, State Shelbyville TN Zip _____

Horse Exhibitor Nora Alexander 1168-09
Address _____
City, State _____ Zip _____

Exhibitor's # / Sale or Auction Tag # 291 Class # 24

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 Inconsistent palpation / would not ride off freely w/ 6 oz Rollers
 Show management notified

DQP's Initials _____

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

Name of Show PC Splash Classic
City, State Columbia TN Inspection Date _____
Show Manager _____ Inspection Time 5:55 A.M. P.M.
(circle one)

Horse's Name Echoes of Camelot Registration # 20600286

TWHEB#: Jeannie
Horse Owner Jean Harrison Daytime Phone _____
Address b(6)
City, State Grovetown GA Zip 30813

Horse Trainer Justin Harris Trainer's Lic. # 021209
Address b(6)
City, State Shelbyville Zip 37160

Horse Exhibitor Justin Harris
Address b(6)
City, State Grovetown GA Zip _____
Exhibitor's # / Sale or Auction Tag # 219 Class # 6

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 With Rollers / Inconsistent palpation

DQP's Initials mg Elub

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.



27998

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

DQP TICKET

Date 7/17

Name of Show P.C. Splash Classic
City, State Columbia TN
Show Manager _____

Horse's Name I'm Benny Too Registration Number 9211083
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Tim Brooks Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Hot Springs AR Zip 71910

Horse Trainer Tim Brooks Trainer's License # 0648-09
Mailing Address ^{b(6)} _____
City, State Hot Springs AR Zip 71910
Daytime Phone _____

Horse Exhibitor Tim Brooks Amateur/Juvenile # _____
Mailing Address ^{b(6)} _____
City, State Hot Springs AR Zip 71910

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 283 Exhibitors Class No. 18
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/17 Time 8:11 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral Sore
Right foot at Medial Toe (Hoof testers)

(Office Use Only): Checked by Dr. Bonett

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.



27999

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

DQP TICKET

Date 7/17

Name of Show PC splash Classic
City, State Columbia
Show Manager _____

Horse's Name C MC Push Registration Number 20215306

Age _____ Sex _____ Color _____

Markings _____

TW Hbears Martha Blackman

Horse Owner Sister Milligan Daytime Phone _____

Mailing Address b(6)

City, State Panama City FL Zip 32408

Horse Trainer Bob Mount Trainer's License # _____

Mailing Address b(6)

City, State Shelbyville TN Zip 37162

Daytime Phone _____

Horse Exhibitor Sister Milligan Amateur/Juvenile # _____

Mailing Address _____

City, State Panama City FL Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 245 Exhibitors Class No. 28
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/17 Time 9:48 A.M. (P.M.) (circle one)

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

Foreign Substance MFA

(Office Use Only): _____

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

Bob Mount
TRAINER'S SIGNATURE

[Signature]
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



28005

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 ~~7/10~~ / 12 / 09

Name of Show P.C. Splashy Classic
City, State Columbia TN
Show Manager _____

Horse's Name It's Only A GAME Registration Number 20202581
Age _____ Sex _____ Color _____

Markings _____
TWHBER: Cindy (Theenton) Sullivan b(6)

Horse Owner Gradie Theenton Daytime Phone _____
Mailing Address _____
City, State Palmetto FL Zip 34221

Horse Trainer Ronnie Speers Trainer's License # 88004
Mailing Address _____
City, State Shelbyville TN Zip 37388
Daytime Phone _____

Horse Exhibitor Cindy Sullivan Amateur/Juvenile # 1609-09
Mailing Address _____
City, State Shelbyville TN Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 492 Exhibitors Class No. 15
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/17 Time 7:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore
Both DQP's HRA

(Office Use Only): _____

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

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

Name of Show NSSHA 20th Annual Mid Season Show
City, State Manchester, TN Inspection Date July 24, 09
Show Manager Donna Fletcher Inspection Time 6:30 A.M. P.M.
(circle one)

Horse's Name Kawliga's Meowshine Registration # 0720087

Horse Owner Aaron Mitchell Daytime Phone _____
Address ^{b(6)} _____
City, State Ardmore, TN Zip 38449

Horse Trainer Aaron Mitchell Trainer's Lic. # _____
Address ^{b(6)} _____
City, State Ardmore, TN Zip 38449

Horse Exhibitor Aaron Mitchell
Address _____
City, State _____ Zip _____
Exhibitor's # /Sale or Auction Tag # 2 Class # 1

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 _____

[Signature]
DQP's Initials

Show management notified

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

Name of Show NESSHA 20th Annual Mid Season Show
City, State Manchester TN Inspection Date July 24 09
Show Manager Diana Fletcher Inspection Time 7:00 A.M. (P.M.)
(circle one)

TWHBEA
Horse's Name Blue Skies Apollo Registration # 0218095

Horse Owner Chris Turner Daytime Phone _____
Address b(6)
City, State Shelbyville, TN Zip 37160

Horse Trainer Chris Turner Trainer's Lic. # _____
Address b(6)
City, State Shelbyville, TN Zip 37160

Horse Exhibitor Nikki Coak
Address b(6)
City, State Shelbyville, TN Zip 37160
Exhibitor's # / Sale or Auction Tag # 49 Class # 7B

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 _____

[Signature]
DQP's Initials

Show management notified

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

Name of Show NSSHA 20th Annual Mid Season Show
City, State Manchester, TN Inspection Date July 24, 09
Show Manager Donna Fletcher Inspection Time 6:45 A.M. P.M.
(circle one)

Horse's Name Dillons Dixie Bell Registration # 0520188

Horse Owner Javis + Wade Hill Daytime Phone _____
Address b(6)
City, State Decherd, TN Zip 37324

Horse Trainer Ken Wainwright Trainer's Lic. # _____
Address b(6)
City, State Manchester, TN Zip 37355

Horse Exhibitor Brian Wainwright
Address b(6)
City, State Decherd, TN Zip 37324
Exhibitor's # / Sale or Auction Tag # 69 Class # 4

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 _____

[Signature]
DQP's Initials

Show management notified

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

Name of Show NSSHA 20th Annual Mid Season Show
City, State Manchester, TN Inspection Date July 24, 09
Show Manager Donna Fletcher Inspection Time 10:15 A.M. (P.M.)
(circle one)

Horse's Name Colors In General Registration # 9819681

Horse Owner Dicky Bedwell Daytime Phone _____
Address b(6)
City, State Bradyville, TN Zip 37026

Horse Trainer Chris Alexander Trainer's Lic. # _____
Address b(6)
City, State Keadyville, TN Zip 37149

Horse Exhibitor Dicky Bedwell
Address b(6)
City, State Bradyville, TN Zip 37026
Exhibitor's # / Sale or Auction Tag # 75 Class # 28

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 _____

[Signature]
DQP's Initials

Show management notified

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

Name of Show USHA 20th Annual Mid Season Show
City, State Manchester, TN Inspection Date July 24, 09
Show Manager Diana Fletcher Inspection Time 7:45 A.M. P.M.
(circle one)

Horse's Name Busted on Main Registration # 216854

Horse Owner Jessie & Lee Wilson Daytime Phone b(6)
Address b(6)
City, State Murfreesboro, TN Zip 37127

Horse Trainer Fred Fleming Trainer's Lic. # 0098
Address b(6)
City, State Lewisburg, TN Zip 37091

✓ Horse Exhibitor Jonathan Cantrell
Address b(6)
City, State Fayetteville, TN Zip 37334
Exhibitor's # / Sale or Auction Tag # 467 Class # 9

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 Faltered

[Signature]
DQP's Initials

Show management notified

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

Name of Show 2009 TWA BEA World Versatility Show
 City, State Murfreesboro TN Inspection Date 7-25-09
 Show Manager Diane McMurtry Inspection Time 1:30 A.M. P.M.
 (circle one)

Horse's Name Ultra Flight's Big Rock Registration # 20702548

TWHEBA Kerchinski
 Horse Owner Donna M Kerchinski Daytime Phone [REDACTED]
 Address [REDACTED]
 City, State Shelbyville TN Zip 37160

Horse Trainer Alan Calender Trainer's Lic. # _____
 Address [REDACTED]
 City, State _____ Zip _____

Horse Exhibitor Alan Calender
 Address [REDACTED]
 City, State Shelbyville TN 37160 Zip _____
 Exhibitor's # / Sale or Auction Tag # 502 Class # 11

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.)

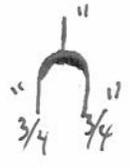
Unacceptable Tissue (Horse that presents with tissue that does not constitute a scar rule violation but nevertheless convinces the DQP that if whatever training regimen being used continues, the horse will be in violation in the immediate future.)

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 Had toe weight shoe 3/4" * 1" in Trail pleasure walking class

HAM
 DQP's Initials

Show management notified
NO show and sent back to Barn.





27768

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 7-11-09

Name of Show Mid South 21st Annual Walking Horse Show
City, State Jackson, TN
Show Manager Joe Clements

Horse's Name Ricky Bobby Registration Number 20704004

Age Sex Color

Markings Barbara Cornelius

TW # REA: Thomas L Cornelius

Horse Owner Lacey HFD Daytime Phone

Mailing Address

City, State HOUSTON, MS Zip 38851

Horse Trainer Brock Tillman Trainer's License # 98962

Mailing Address

City, State JACKSON, TN Shelbyville TN Zip 37160

Daytime Phone

Horse Exhibitor Brock Tillman Amateur/Juvenile # 98962

Mailing Address

City, State JACKSON, TN Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 474 Exhibitors Class No. 17
Class Description

B. Sale or Auction Tag

Inspection Date 7-11-09 Time 8:20 A.M. P.M. (circle one)

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

Unilateral Sore

See Exam Sheet

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE

DQP SIGNATURE / LICENSE # 118

CUSTODIAN OR ASSISTANT'S SIGNATURE

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

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

9/2/09

27864

SHOW

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 7-23-09

Name of Show Dickson Co. Saddle Club Horse Show
City, State Dickson, In
Show Manager Danny Fussel

Horse's Name An American Threat Registration Number 20700346
Age 2 Sex Stallion Color Deep Chestnut
Markings TWHBEA

Horse Owner Stan Wilcoxon Daytime Phone _____
Mailing Address [REDACTED]
City, State Rancho Cucamonga, California Zip 91729

Horse Trainer Dockery Stables Trainer's License # 95752
Mailing Address [REDACTED]
City, State Kirk, In Zip 38679
Daytime Phone [REDACTED]

Horse Exhibitor Jimmy McConnell Amateur/Juvenile # 88119
Mailing Address [REDACTED]
City, State Union City, In Zip 38261

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 33 Exhibitors Class No. 23 Class Description 2yr old Stallion
B. Sale or Auction Tag _____

Inspection Date 7-23-09 Time 9:20 A.M. P.M. (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 _____
CUSTODIAN OR ASSISTANT'S SIGNATURE _____

Ricky L. Statham #21
DQP'S SIGNATURE / LICENSE # [REDACTED]

SHOW

27951

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 July 2, 2009

Name of Show Money Tree Classic
City, State Shelbyville TN
Show Manager Sara Smith

Horse's Name JFK's Tenthigh ✓ Registration Number 20112374
Age _____ Sex S Color _____

Markings _____
Owner per TW HBEA Graham E. Holt ^{b(6)}

Horse Owner Chase Cooper Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Mt. Juliet, TN Zip 37122

Horse Trainer Cliff Wilson Trainer's License # 991051
8/10/09 Mailing Address ^{b(6)} _____
City, State Bell Buckle TN Zip 37020
Daytime Phone _____

Horse Exhibitor Alecia ^{b(6)} Amateur/Juvenile # 0606-09
Mailing Address ^{b(6)} _____
City, State Shelbyville TN 37160 Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 203 Exhibitors Class No. 7
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/2/09 Time 6:12 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): Both DQPs

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

CUSTODIAN OR ASSISTANT'S SIGNATURE _____



27876

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 July 04

Name of Show Woodbury Lions Club
City, State Woodbury TN
Show Manager _____

Horse's Name I'm Glorified Registration Number 20414786

Age _____ Sex _____ Color _____

Markings _____ b(6) _____

~~Owner TWB/E~~ Deborah E Adcock b(6) _____

Horse Owner Ashley Adcock Daytime Phone _____

Mailing Address _____ b(6) _____

City, State Lititz PA Zip 17543

Horse Trainer Ashley Adcock - The Stables @ Alpha Place Trainer's License # 041327

Mailing Address _____ b(6) _____

City, State Lititz, PA Zip 17543

Daytime Phone _____

8/10/09
8/10/2011

Horse Exhibitor Ashley Adcock Amateur/Juvenile # _____

Mailing Address _____ b(6) _____

City, State Lititz PA Zip 17543

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 234 Exhibitors Class No. 32
Class Description _____

B. Sale or Auction Tag _____

Inspection Date July 04 Time 10:20 A.M. (P.M) (circle one)

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

Bilateral sore HPA
Both front feet anterior surface

(Office Use Only): _____ Dr. Steve Miller

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

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

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

FOIA 10-042:000321

SHOW

27877



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 7-4-09

Name of Show Woodbury Lions Club Horse Show
City, State Woodbury, TN
Show Manager _____

Horse's Name He's An All American Registration Number 20413394
Age _____ Sex _____ Color _____

Markings
Bennie Ronald

Horse Owner Moss - (Arnell) Daytime Phone _____

Mailing Address _____
City, State Laurel, MS Zip 39443

Horse Trainer Dallas Proctor Trainer's License # 071533

Mailing Address _____
City, State Trinity, AL Zip 35673
Daytime Phone _____

Horse Exhibitor Ben Moss Amateur/Juvenile # _____

Mailing Address _____
City, State Laurel, MS Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 185 Exhibitors Class No. 34
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-4-09 Time 10:30 A.M. R.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore / Bad Image / Nerve Cord
see Examination form & video for information

(Office Use Only): Ben Moss said he makes check up
Chris Zahnd for training.

DQP notified Show Management that such horse was excused or disqualified.
Dallas Proctor
TRAINER'S SIGNATURE
Wayne Johnson
CUSTODIAN OR ASSISTANT'S SIGNATURE

Yvonne Davis 204
DQP'S SIGNATURE / LICENSE #
205
Brown Hatten 201

SHOW

27955

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 7-4-09

Name of Show Woodbury Lions Club
City, State Woodbury, TN
Show Manager _____

Horse's Name Heartbreaker Me Registration Number 20302917
Age 6 Sex Stud Color _____

Markings
Owner pen TWA BEA

Horse Owner Billy D Lance Daytime Phone b(6)

Mailing Address b(6)
City, State Morrison TN 37357 Zip 37357

Horse Trainer same Billy lance Trainer's License # _____

Mailing Address b(6)
City, State Morrison TN Zip 37357
Daytime Phone _____

Horse Exhibitor same Billy lance Amateur/Juvenile # _____

Mailing Address b(6)
City, State Morrison TN Zip 37357

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 166 Exhibitors Class No. 36
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7/4/09 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
Both DQPS

NPA

(Office Use Only): _____

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

Billy D Lance
TRAINER'S SIGNATURE

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

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 10-042:000323

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.



27956

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

DQP TICKET

Date 7-4-09

Name of Show Woodbury Lions Club Horse Show
City, State Woodbury, TN
Show Manager _____

Horse's Name Pushover's Dreamaker Registration Number 957165
Age _____ Sex _____ Color _____

Markings owner per TW HBEA

Horse Owner Linda Attikisson Daytime Phone _____
Mailing Address _____
City, State Culleoka, TN Zip 38451

Horse Trainer Torey Kellen Trainer's License # 2124-09
Mailing Address _____
City, State Culleoka TN Zip 38451
Daytime Phone _____
8/10/09

Horse Exhibitor Jacob Kellen Amateur/Juvenile # 212609
Mailing Address _____
City, State Culleoka TN Zip 38451

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 201 Exhibitors Class No. 29
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/4/09 Time 10:31 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Post Show Scar Rule HPA
Unilateral Sore Both DQPS
(Office Use Only): (Right Fore) DR Mullins

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: _____

SHOW

Tennessee State Fair

28000

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 7/18/09

Name of Show Moore Co Horse Show
City, State Lynchburg TN
Show Manager [REDACTED]

Horse's Name Babydoll's Beaming Star Registration Number 955062
Age _____ Sex _____ Color _____
Markings _____

Horse Owner Denise Reddon Daytime Phone _____
Mailing Address [REDACTED]
City, State Hendersonville TN Zip 37075

Horse Trainer John Paul Jones Trainer's License # 90440
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160
Daytime Phone _____
8/23/09

Horse Exhibitor John Paul Jones Amateur/Juvenile # 90440
Mailing Address [REDACTED]
City, State Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 183 Exhibitors Class No. _____
Class Description 31
B. Sale or Auction Tag _____

Inspection Date 7/18/09 Time 10:55 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused

Sear Rule (Post SHOW) MPA
Pictures on SHOW Camera

(Office Use Only): _____

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

John Paul Jones
TRAINER'S SIGNATURE

[Signature] # 509
DQP'S SIGNATURE / LICENSE #
[Signature] # 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



28011

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 7/18/09

Name of Show Moore Co Horse Show
City, State Lynchburg, TN
Show Manager _____

Horse's Name The Summit Registration Number 968713
Age _____ Sex _____ Color _____
Markings TW HBEA

Horse Owner Charles + Joy Bleghorn Daytime Phone _____
Mailing Address _____
City, State Fayetteville, TN Zip 37384

Horse Trainer Brett Baud Trainer's License # 89273
Mailing Address _____
City, State Petersburg, TN Zip 37144
Daytime Phone _____
8/23/09
9/15/09

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

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 143 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date _____ Time 6:41 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Bad Image MPA

(Office Use Only): _____

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

TRAINER'S SIGNATURE

CUSTODIAN OR ASSISTANT'S SIGNATURE
[Signature] #209
DQP'S SIGNATURE / LICENSE #
[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.



28012

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

DQP TICKET

Date 7/18/09

Name of Show Moore Co Horse Show
City, State Lynchburg TN
Show Manager _____

Horse's Name Evil Patty Grey Registration Number 20408491
Age _____ Sex _____ Color _____
Markings TWHBEA

Horse Owner Sally Riley Daytime Phone HWY
Mailing Address [REDACTED]
City, State Lewisburg TN Zip 37091

Horse Trainer Jackie Beron Trainer's License # 031301
Mailing Address [REDACTED]
City, State Tullahoma TN Zip 37388
Daytime Phone _____

Horse Exhibitor Sally Riley Amateur/Juvenile # 1465-09
Mailing Address Lewisburg TN
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 118 Exhibitors Class No. 18
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/18/09 Time 7:49 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Illegal Shoeing
OVER 1/4" on toe of shoe shoeing HPA

(Office Use Only):

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



27561

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 07-25-09

Name of Show INDIANA ANNUAL CHARITY HORSE SHOW
City, State NEW CASTLE, IN
Show Manager TRISH EDWARDS

Horse's Name MAJOR RAIN RAISER Registration Number 973677/BA
Age 11 Sex GLD Color BAW
Markings STAR 64076

TWHEA: Richard + Tricia Dygeet b(6)

Horse Owner MURL FOSTER Daytime Phone b(6)

Mailing Address b(6)

City, State NEW CASTLE, IN Zip 47362

Horse Trainer MALACHI FOSTER (AMAT.) Trainer's License #

8/27/09

Mailing Address

City, State SAME Zip

Daytime Phone

Horse Exhibitor MALACHI FOSTER Amateur/Juvenile # PENDING

Mailing Address

City, State SAME Zip 47362

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 98 Exhibitors Class No. 31 Class Description SHOW PLEASURE OPEN

B. Sale or Auction Tag

Inspection Date 07-25-09 Time 8:00 A.M. (P.M.) (circle one)

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

REACTED TO PALPATION LEFT FOOT-ANTERIOR

(Office Use Only): un lateral sore pre show

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

JAMES STEPHENS
TRAINER'S SIGNATURE

Johnny Black # 76
DQP'S SIGNATURE / LICENSE #

JAMES STEPHENS
CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

27886

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 7/18/09

Name of Show Parkus Crossroads Walking Show

City, State Parkus Crossroads TN.

Show Manager Leon Collins

Horse's Name Skywalking for Roses Registration Number 20405889

Age 8 Sex Mare Color Sorrel Red Bay

Markings Star Strip Left Sock

Horse Owner Ruby Stawfill Daytime Phone _____

Mailing Address [Redacted]

City, State Lexington TN. Zip 38351

Horse Trainer Stawfill Stables Trainer's License # 2085-09

Mailing Address [Redacted]

City, State Lexington TN. Zip 38351

Daytime Phone _____

Horse Exhibitor Seth Stawfill Amateur/Juvenile # 1964-09

Mailing Address [Redacted]

City, State Lexington TN Zip 38351

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 818 Exhibitors Class No. 5 Show Pleas Amp.
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7-18-09 Time 7:32 A.M. P.M. (circle one)

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

Unilateral Sore Left Foot

(Office Use Only):

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

Jerry Stawfill
TRAINER'S SIGNATURE

Will Edler #100
DQP'S SIGNATURE / LICENSE #

[Signature]
CUSTODIAN OR ASSISTANT'S SIGNATURE

Ken [Signature] #207

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

White - NHSC Copy — Yellow - DQP Copy — Pink - Trainer's Copy FOIA 10-042:000329

Did Not Return To Fill out Ticket.

SHOW

27887

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 7-18-09

Name of Show Parkers Crossroads Walking Horse Show
City, State Parkers Crossroads
Show Manager Leon Collins

Horse's Name DIVA @ EVA Nights Registration Number 20508622
Age 3 Sex Mare Color Sorrel
Markings Blaze 4 white Socks

Owner: TWHBEA
Horse Owner Gayle Watson Daytime Phone b(6)
Mailing Address b(6)
City, State Friendship TN Zip 38034

Horse Trainer Gayle Watson Trainer's License # 3491-09
Mailing Address b(6)
City, State Same Zip _____
Daytime Phone Friendship TN

Horse Exhibitor Gayla Kail Amateur/Juvenile # 0949-09
Mailing Address b(6)
City, State Alamo TN Zip 38001

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 522 Exhibitors Class No. 6 Class Description 3yr old walking mares + Geldings AMA.
B. Sale or Auction Tag _____

Inspection Date 7-18-09 Time 7:38 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: Gayle Watson
DQP's Signature / License #: Will Ed [Signature] 14100
Custodian or Assistant's Signature: Ken [Signature] #207



27888

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 7-18-09

Name of Show Parkers Crossroads Walking Horse Show
City, State Parkers Crossroads
Show Manager Leon Collins

Horse's Name 1800 Collect Registration Number 960985
Age 12 Sex Gelding Color Brade Bay
Markings Ba

TWHBEA Saundra Cliff b(6)
Horse Owner Joe Saundra Pippin Daytime Phone 9 b(6)
Mailing Address b(6)
City, State Savannah TN Zip 38372

Horse Trainer Joe Cliff Trainer's License # _____
Mailing Address Same AS owner
City, State _____ Zip _____
Daytime Phone b(6)

same

Horse Exhibitor _____ Amateur/Juvenile # 1593-09
Mailing Address Same AS owner
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 515 Exhibitors Class No. 14 Park Performance
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-18-09 Time 8:43 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan rule Non-Unit for me & Thicken (L) medical & Goes Around TO Vascum Grove (R) Is way out.

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Joe Cliff DQP's Signature / License #: Will [unclear] #100
Custodian or Assistant's Signature: Jim Pippin Ken [unclear] #207

DICKINSON

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 Show

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

JUL 21 2009

BY: RL

DQP TICKET

Date 7-18-09

Name of Show Parkers Crossroads Walking Horse Show
City, State Parkers Crossroads
Show Manager Lenny Collins

Horse's Name 1800 Collect Registration Number _____
Age 12 Sex Gelding Color Red Bay
Markings Bn

Horse Owner Joe Sandra Pippin Daytime Phone b(6)
Mailing Address b(6)
City, State Savannah TN Zip 38372

Horse Trainer Joe Clift Trainer's License # _____
Mailing Address _____
City, State Same as owner Zip _____
Daytime Phone b(6)

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

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 515 Exhibitors Class No. 14
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-18-09 Time 8:43 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Scan Rule Non-Uniformed
Thicker @ medial & Goes Around TO
Vasculum Groove. (R) Is way out.

(Office Use Only):

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

Joe Clift TRAINER'S SIGNATURE Will Clift #100 DQP'S SIGNATURE / LICENSE #
Joe Pippin CUSTODIAN OR ASSISTANT'S SIGNATURE

DR. BENNETT



27889

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 7-18-09

Name of Show Parkers Crossroads Walking Show
City, State Parkers Crossroads
Show Manager Leon Collins

Horse's Name Silver Medal Registration Number 199122001
Age 9 Sex Mare Color Red Roan
Markings Star Star left Seal

TWHEBA: Wayne Tharp ^{b(6)}

Horse Owner Stephen Huser ^{b(6)} Daytime Phone [REDACTED] ^{b(6)}
Mailing Address [REDACTED]
City, State Lexington TN Zip 38351

Horse Trainer [REDACTED] Trainer's License # [REDACTED]
Mailing Address [REDACTED]
City, State Same Zip [REDACTED]
Daytime Phone [REDACTED]

8/25/09

Horse Exhibitor [REDACTED] Amateur/Juvenile # 2006-09
Mailing Address [REDACTED]
City, State Same Zip [REDACTED]

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 504 Exhibitors Class No. 21 Class Description AMA owned & TRAINED
B. Sale or Auction Tag [REDACTED]

Inspection Date 7-18-09 Time 10:34 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 # #100

CUSTODIAN OR ASSISTANT'S SIGNATURE



27538

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 7-3-09

Name of Show Annual Lions Club of Warren Co. Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name Loose's Ace Registration Number 20404840
Age 405 Sex Stud Color _____
Markings _____

owner per TWHBEA
Horse Owner Billy D Lance Daytime Phone b(6)
Mailing Address b(6)
City, State Morrison TN Zip 37357

Horse Trainer Lindsay Locke Trainer's License # 0608-09
Mailing Address b(6)
City, State Morrison, TN Zip 37357
Daytime Phone b(6)

Horse Exhibitor Lindsay Locke Amateur/Juvenile # 060
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 385 Exhibitors Class No. 6
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-3-09 Time 6:50 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unintentionally Reacted To Palpation HA
Right Foot on inside

(Office Use Only): See Exam Sheet

DQP notified Show Management that such horse was excused or disqualified.
Lindsay Locke TRAINER'S SIGNATURE Pat Louder # 118 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE Johnny Beach # 76



27539

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 7-3-09

Name of Show Annual Lions Club Warren Co. Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name Im Darth Vadar Registration Number 20704418
Age _____ Sex _____ Color _____

Markings _____
owner per TWHEA Jonathan Sweeton b(6)

Horse Owner Jerry Lynn McCormick Daytime Phone b(6)

Mailing Address b(6)
City, State McMinnville, TN 37110 Zip 37110

Horse Trainer Same Trainer's License # _____

8/10/09

Mailing Address _____
City, State _____ Zip _____
Daytime Phone _____

Horse Exhibitor Same Amateur/Juvenile # _____

Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 733 Exhibitors Class No. 17
Class Description _____
- B. Sale or Auction Tag _____

Inspection Date 7-3-09 Time 9:00 A.M. P.M. (circle one)

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

Scar Rule See Exam

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE Jerry McCormick DQP'S SIGNATURE / LICENSE # 118

CUSTODIAN OR ASSISTANT'S SIGNATURE JOB

MORRISON TN



27557

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 07-03-09

Name of Show LIONS CLUB OF WARREN CO. HORSE SHOW
City, State MEMPHIS, TN
Show Manager _____

Horse's Name THE BATTERS UP Registration Number 20701254
Age _____ Sex _____ Color _____
Markings _____

Owner PERTWYHBEA
Horse Owner Beth Silva Daytime Phone _____
Mailing Address _____
City, State SPRUCE PINE NC Zip 28777

Horse Trainer TIM GRAY Trainer's License # 88083
Mailing Address _____
City, State Shelbyville IN Zip 37160
Daytime Phone _____

Horse Exhibitor TIM GRAY Amateur/Juvenile # _____
Mailing Address _____
City, State Shelbyville IN Zip _____

FILL OUT EITHER (A) OR (B):

- A. Exhibitors No. 321 Exhibitors Class No. _____ Class Description 11 2YA DLO
- B. Sale or Auction Tag _____

Inspection Date 07-03-09 Time 2:45 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

REA CTED TO PALPATION RIGHT REAR MEDIAL FRONT FOOT Unilateral Sore MPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Tim Gray
DQP's Signature / License #: John Clark # 76
by Ed # 205

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

SHOW

Tennessee Walking Horse

27558

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 7-3-09

Name of Show Annual Lions Club Warraw Co. Walking Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name Patriots American Maid Registration Number 20503588
Age 4 Sex MALE Color BLACK
Markings N/A

owner per TW HBEA

Horse Owner MIKE CHIAPPARI Daytime Phone b(6)
Mailing Address b(6)
City, State SANTA ROSA, CALIF. Zip 95403

Horse Trainer Blake Simms Trainer's License # 934741
Mailing Address b(6)
City, State Bell Buckle, TN Zip 37020
Daytime Phone b(6)

Biolog

Horse Exhibitor Blake Simms Amateur/Juvenile # _____
Mailing Address SAME
City, State Bell Buckle, TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 346 Exhibitors Class No. _____
Class Description 28
B. Sale or Auction Tag _____

Inspection Date _____ Time 11:00 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

REACTED TO PALPATION MEDIAL LATERAL LEFT FOOT
unilateral SORE N/A

(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 # 76
205

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.



27952

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

DQP TICKET

Date 7-3-09

Name of Show Annual Lions Club of Warren Co. Working Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name DR ZONE Registration Number 205D3084
Age 4 Sex Mare Color Sorrel
Markings _____
owner per TWHBEA James E Stone Jr

Horse Owner Jim Stone Daytime Phone _____
Mailing Address b(6)
City, State Bradyville TN Zip 37190
Woodbury TN

Horse Trainer Bobby Fann Trainer's License # 88069
Mailing Address b(6)
City, State Bradyville, TN Zip 37026
Daytime Phone _____
8/10/09
8/10/10

Horse Exhibitor ERIC Fann Amateur/Juvenile # 272409
Mailing Address b(6)
City, State Bradyville, TN Zip 37026

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 389 Exhibitors Class No. 8
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/3 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
Both DQP'S A. Dr Mullins HPA

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Bobby Fann TRAINER'S SIGNATURE
Eric Fann DQP'S SIGNATURE / LICENSE #
Pat Cordell #118
CUSTODIAN OR ASSISTANT'S SIGNATURE



27953

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 7-3-09

Name of Show Annual Lions Club Warren Co. Walking Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name Pushover Gold Standard Registration Number 952180
Age _____ Sex _____ Color _____
Markings _____
owner per TWI+BEA

Horse Owner Joel & Linda Stewart Daytime Phone _____
Mailing Address b(6)
City, State Olive Branch, MS Zip 38654

8/10/09
Horse Trainer Abernathy Stables Trainer's License # 1550-09
Mailing Address b(6)
City, State Olive Branch, MS Zip 38654
Daytime Phone _____

Horse Exhibitor Samantha Lindemann Amateur/Juvenile # 1550-09
Mailing Address b(6)
City, State Olive Branch MS Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 339 Exhibitors Class No. 8
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/3/09 Time 7:12 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule HPA
Dr Mullins & Dr Bennett ck'd

(Office Use Only): medial both sides

DQP notified Show Management that such horse was excused or disqualified.
Laura Funk TRAINER'S SIGNATURE
John Black 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.



27958

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

DQP TICKET

Date 7-3-09

Name of Show Annual Lions Club Warren Co. Walking Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name This pusher is Armed Registration Number 980762
Age _____ Sex _____ Color _____

Markings
Owner per TWH BEA Rhonda

Horse Owner Rhonda Stewart Farms Daytime Phone b(6)
Mailing Address b(6)
City, State McMinnville, TN Zip 37110

Horse Trainer Faunt Darrell Trainer's License # 021252
8/10/09 Mailing Address b(6)
City, State Christiana TN Zip ~~021252~~
Daytime Phone 37037

Horse Exhibitor Rhonda Stewart Amateur/Juvenile # 2711-09
Mailing Address _____
City, State McMinnville TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. ~~726~~ 726 Exhibitors Class No. 24
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/3/09 Time 10:12 A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Scar Rule
Both DQPS + Dr Bennett HPA

(Office Use Only): _____

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

TRAINER'S SIGNATURE

John Cardell 205

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.



27959

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

DQP TICKET

Date 7-3-09

Name of Show Annual Lions Club Warren Co. Walking Horse Show
City, State McMinnville, TN
Show Manager _____

Horse's Name Gold Sky m.c. Registration Number 20502971
Age _____ Sex _____ Color _____
Markings _____

Owner per TWHEB
Horse Owner Michael Chandler 2555-09 Daytime Phone _____
Mailing Address _____
City, State Walling, TN Zip 38587

Horse Trainer D + R Stables Trainer's License # 95296
Mailing Address _____
City, State Sparta, TN Zip 38583
Daytime Phone _____

Horse Exhibitor Michael Chandler Amateur/Juvenile # _____
Mailing Address _____
City, State Walling, TN Zip 38587

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 731 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/3/09 Time 8:05 A.M. (P.M.) (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore
Dr. Bennett Both DQP's HHA

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified

[Signature]
TRAINER'S SIGNATURE

[Signature] 205
DQP'S SIGNATURE / LICENSE #
[Signature] 76

CUSTODIAN OR ASSISTANT'S SIGNATURE

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



27768

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 7-11-09

Name of Show Mid South 21st Annual Walking Horse Show
City, State Jackson, TN
Show Manager Joe Clements

Horse's Name Ricky Bobby Registration Number 20704004
Age _____ Sex _____ Color _____
Markings Barbara Cornelius ^{b(6)}

TWHEA: Thomas & Cornelius ^{b(6)}

Horse Owner Lacey HED Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Houston, MS Zip 38851

Horse Trainer Brock Tillman Trainer's License # 98962
Mailing Address ^{b(6)} _____
City, State Jackson, TN Shelbyville TN Zip 37160
Daytime Phone ^{b(6)} _____

8/2

Horse Exhibitor Brock Tillman Amateur/Juvenile # 98962
Mailing Address ^{b(6)} _____
City, State Jackson, TN Shelbyville TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 474 Exhibitors Class No. 17
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 8:20 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore
See Exam Sheet

(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 # 118
208



27769

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 7-11-09

Name of Show Mid South 21st Annual Walking Horse Show
City, State Jackson, TN
Show Manager Joe Clements

Horse's Name Copy of a Perfect Crime Registration Number Pending
Age _____ Sex _____ Color _____
Markings _____

Sylvester?

Horse Owner Hamilton Family Daytime Phone _____
Mailing Address _____
City, State Olive Branch MS Zip 38654

b(6)

Horse Trainer Derrick Brown Trainer's License # 2023
Mailing Address same
City, State _____ Zip _____
Daytime Phone _____

8/16/09

Horse Exhibitor Derrick Brown Amateur/Juvenile # _____
Mailing Address _____
City, State Memphis, TN Zip 38125

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 395 Exhibitors Class No. 19
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 8:55 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral Sore Sec Exam

(Office Use Only):

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

[Signature]
TRAINER'S SIGNATURE

[Signature]
DQP'S SIGNATURE / LICENSE # 208

CUSTODIAN OR ASSISTANT'S SIGNATURE

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOM 10-542:000343

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



27770

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 7-11-09

Name of Show Mid South 21st Annual Walking Horse Show

City, State Jackson, TN

Show Manager Joe Clements

Horse's Name Chicago's "Windy" City Registration Number 20612251
20742289

Age _____ Sex _____ Color _____

Markings _____

TWINKLE!

Horse Owner Larry & Carrie Roe Daytime Phone _____

Mailing Address b(6)

City, State Houston, MS Zip 38851

Horse Trainer Curtis Nelson Trainer's License # Pending

8/15/2009
8/15/2010

Mailing Address b(6)

City, State Coldwater MS Zip 38618

Daytime Phone b(6)

Horse Exhibitor Curtis Nelson Amateur/Juvenile # Pending

Mailing Address b(6)

City, State Coldwater, MS Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 229 Exhibitors Class No. 8
Class Description _____

B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 7:30 A.M. (P.M.) (circle one)

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

Bilateral Sore See Exam

(Office Use Only): _____

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

Curtis Nelson
TRAINER'S SIGNATURE

John Cordell # 118
DQP'S SIGNATURE / LICENSE #
208

CUSTODIAN OR ASSISTANT'S SIGNATURE

27880



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 7-11-09

Name of Show Mid South 21st Annual Walking Horse Show
City, State Jackson, TN
Show Manager Joe Clements

Horse's Name Im A Proud American Registration Number 20609806
Age _____ Sex _____ Color _____
Markings _____

TWHEAL William, William II
Horse Owner Great Oaks Farm 721
Mailing Address [REDACTED]
City, State Ripley, TN Zip 38063

8/16 Horse Trainer Gabriel Vasquez Trainer's License # Pending
Mailing Address [REDACTED]
City, State Ripley TN Zip 38063
Daytime Phone _____

Horse Exhibitor Bill Williams Amateur/Juvenile # 0558-09
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 529 Exhibitors Class No. 13
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 8:29 A.M. (P.M.) (circle one)

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

Unilateral sore left foot
Post Show

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified

TRAINER'S SIGNATURE _____

CUSTODIAN OR ASSISTANT'S SIGNATURE _____

Bob Davis 208
DQP'S SIGNATURE / LICENSE #
Pat Cardell #118

THE "PROVIDING FALSE INFORMATION" RULE WILL BE STRICTLY ENFORCED. FOM 10-042:000345

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



27881

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 7-11-09

Name of Show Mid South 21st Annual Working Horse Show
City, State Jackson, MS
Show Manager Joe Clements

Horse's Name Silver Eclipse Registration Number 20600890
Age _____ Sex _____ Color _____

Markings TW4BEA: John Day MO b(6)

Horse Owner Charlie Day Daytime Phone Savannah TN 38376
Mailing Address b(6)
City, State Savannah, TN Zip 38372

Horse Trainer Charlie Day Trainer's License # 9728-09
Mailing Address b(6)
City, State Savannah, TN Zip _____
Daytime Phone _____

Horse Exhibitor Charlie Day Amateur/Juvenile # _____
Mailing Address b(6)
City, State Savannah, TN Zip 38372

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 567 Exhibitors Class No. 16
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-11-09 Time 8:15 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Left Foot ~~Distorted~~ Open Lesions
uninflated

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Trainer's Signature: Charlie Day
Custodian or Assistant's Signature: Shelby Duto
DQP's Signature / License #: Joe Clements # 118



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 7-25-09

Name of Show 46TH Nettleton Horse Show
City, State Nettleton MS.
Show Manager Dan Rogers

Horse's Name She's Bold + Silver Registration Number Pending
Age _____ Sex M Color Grey
Markings None

Horse Owner Virginia Adams Daytime Phone b(6)
Mailing Address b(6)
City, State Somerville TN Zip 38068

Horse Trainer Same ↑ Trainer's License # _____
Mailing Address _____
City, State _____ Zip _____
Daytime Phone _____

8/25/09

Horse Exhibitor Heather Johnston Amateur/Juvenile # Pending
Mailing Address _____
City, State Somerville TN Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 35 Exhibitors Class No. 17
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 7:15 A.M. PM (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Unilateral LEFT FOOT - front
See Exam Sheet

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
TRAINER'S SIGNATURE _____ DQP'S SIGNATURE / LICENSE # Jam Cardell #118

CUSTODIAN OR ASSISTANT'S SIGNATURE Virginia Adams



27772

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 7-25-09

Name of Show 46TH Nettleton Horse Show
City, State Nettleton MS
Show Manager Don Rogers

Horse's Name Cash Venture Registration Number 20508519
Age _____ Sex S Color Black
Markings Blaze

twb
Horse Owner Martha Wilke Wilkes Daytime Phone _____
Mailing Address [REDACTED]
City, State Bentonie MS Zip 39040

8/28/09
Horse Trainer Percy Lewis Trainer's License # A92126
Mailing Address [REDACTED]
City, State Sallis MS Zip 39160
Daytime Phone [REDACTED]

Horse Exhibitor Martha Wilke Amateur/Juvenile # NA
Mailing Address [REDACTED]
City, State Bentonie MS Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 443 Exhibitors Class No. 21
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 7:40 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Unilateral - Right Foot on Fore
See Exam Sheet

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified.
Percy Lewis TRAINER'S SIGNATURE
Pat Cordell #118 DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE

SHOW

27866

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 7/25/09

Name of Show 68th Annual Red Carpet Show
City, State Pulaski, TN
Show Manager _____

Horse's Name Bunboat Registration Number 20313623
Age _____ Sex _____ Color _____

Markings TWHBEA MR. Greg CASS b(6)
Horse Owner Cass Services Daytime Phone 35630

Mailing Address _____
City, State New Orleans, LA Zip _____

Horse Trainer Apostiman Shevey Trainer's License # 051385

8/30/09 Mailing Address b(6)
City, State Shelbyville TN Zip 37162
Daytime Phone _____

Horse Exhibitor Greg Cass Amateur/Juvenile # 4046

Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

Recheck

- A. Exhibitors No. 1667 Exhibitors Class No. 9 Class Description Amateur M46
- B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 7:55 A.M. (P.M.) (circle one)

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

Unilateral Sore - Postshow

(Office Use Only): _____

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

Spelman Sharp chaus
TRAINER'S SIGNATURE

Richy L. Statham #21
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 10-042:000349

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.



27867

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

DQP TICKET

Date 7-25-09

Name of Show 68th Annual Red Carpet Horse Show
City, State Pulaski, TN
Show Manager Robert Brindley

Horse's Name Sound the Command Registration Number 20506381
Age _____ Sex _____ Color _____
Markings TWHBERT

Horse Owner Gene Schaefer Daytime Phone _____
Mailing Address [REDACTED]
City, State Shelbyville, TN Zip 37162
Bell Buckle TN 37020

8/2/09
Horse Trainer Robby Black Trainer's License # 96856
Mailing Address [REDACTED]
City, State Shelbyville, TN Zip 37162
Daytime Phone Bell Buckle TN 37020

Horse Exhibitor Same as trainer Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

Showed so there is no penalty

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 34 Exhibitors Class No. 22 Aged St, G + Mare
B. Sale or Auction Tag _____
Class Description _____

Inspection Date 7-25-09 Time 9:45 A.M. (P.M. (circle one))

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

Scurfing - corrected & Showed

(Office Use Only):

DQP notified Show Management that such horse was excused or disqualified

[Signature]
TRAINER'S SIGNATURE

Ricky L. Statham #21
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.



27868

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

DQP TICKET

Date 7-25-09

Name of Show 68th Annual Red Carpet Show
City, State Pulaski, Tn
Show Manager Robert Brindley Jr.

Horse's Name She's Classey Registration Number 19911898
Age _____ Sex _____ Color Sorrel
Markings TWHBEA

Horse Owner Susan Paul Daytime Phone _____
Mailing Address b(6)
City, State Monroe, Ga Zip 30656

\$100.00

Horse Trainer Jerry Beaty Trainer's License # 0350-09
Mailing Address b(6)
City, State Belvidere, Tn Zip 37306
Daytime Phone _____

Horse Exhibitor Susan Paul Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 99 Exhibitors Class No. 26 Am Open Walking
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 10:35 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.

Bad Image

(Office Use Only): _____

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

TRAINER'S SIGNATURE Ricky L. Statham #21
DQP'S SIGNATURE / LICENSE #

CUSTODIAN OR ASSISTANT'S SIGNATURE



27898

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 7-25-09

Name of Show 68th Annual Red Carpet Show
City, State Pulaski, TN
Show Manager 7/25/09 Robert Brindley

Horse's Name A Special Ed Registration Number 20707651
Age _____ Sex _____ Color _____
Markings TWHBEA

Horse Owner Naylon Roger Latham Daytime Phone _____
Mailing Address b(6)
City, State Baileton, AL Zip 35019

Horse Trainer Danny Latham Trainer's License # 021215
8/31/09 Mailing Address b(6)
City, State Baileton AL Zip 35019
Daytime Phone _____

Horse Exhibitor Danny Latham Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 17 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7-25-09 Time 9:30 A.M. P.M. (circle one)

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

Unilateral SABS
Left Foot Front

(Office Use Only):

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

[Signature]
TRAINER'S SIGNATURE

[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.



28006

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

DQP TICKET

Date 7-25-09

Name of Show Red Carpet Show of The South
City, State _____
Show Manager _____

Horse's Name Color's Stage Lee Registration Number 19905643
Age _____ Sex _____ Color _____
Markings _____
TWHBEA: Diana Christian

Horse Owner Knute Krisk Phone 35401
Mailing Address _____
City, State _____ Zip _____

Horse Trainer Jack Wray Trainer's License # _____
Mailing Address _____
City, State Tuscaloosa AL Zip 35405
Daytime Phone _____
8/30/09
8/31/2009

Horse Exhibitor Dinna Hannah Amateur/Juvenile # _____
Mailing Address _____
City, State Tuscaloosa AL Zip 35401

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 601 Exhibitors Class No. 9
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time 6:45 A.M. P.M. (circle one)
List the violation/violations that have resulted in the horse being disqualified or excused.
Scap Rule
DR Mullins

(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 # WJ Shad #209

SHOW

Tennessee State Horse

28007

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 7-25-09

Name of Show Red Carpet Show of the South
City, State _____
Show Manager _____

Horse's Name Motown's Snowed Again Registration Number 20401144
Age _____ Sex _____ Color _____
Markings 371166

TWABEAR J. D. Vickers b(6)
Horse Owner Butch Vickers SADDY RIFFIN-BO ADAMS Daytime Phone b(6)
Mailing Address b(6)
City, State PULASKI TN Zip 38478

8/31/09
8/31/2010

Horse Trainer BO ADAMS Trainer's License # 011
Mailing Address b(6)
City, State PULASKI, TN Zip 38478
Daytime Phone b(6)

Horse Exhibitor BO ADAMS Amateur/Juvenile # _____
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 33 Exhibitors Class No. 10
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time 7:14 A.M. (P.M. (circle one))

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore / BAD Image
tailed hoof tester at toe - BAD!

(Office Use Only): _____

DQP notified Show Management that such horse was excused or disqualified.
Bo Adams TRAINER'S SIGNATURE
Shelbyville CUSTODIAN OR ASSISTANT'S SIGNATURE
Bo Adams #209 DQP'S SIGNATURE / LICENSE #

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28008

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

DQP TICKET

Date 7/25/09

Name of Show 68th Annual Red Carpet Show
City, State Pulaski, TN
Show Manager Robert Brindley

Horse's Name I'm Louie Armstrong Registration Number 20414708
Age _____ Sex _____ Color _____
Markings TWHBEA'

Horse Owner Joe & Cena Martin Daytime Phone _____
Mailing Address ^{b(6)} _____
City, State Shelbyville TN Zip 37160

Horse Trainer Joe Martin Trainer's License # 88124
Mailing Address ^{b(6)} _____
City, State Shelbyville, TN Zip 37160
Daytime Phone _____
8/31/09
8/31/2010

Horse Exhibitor Cena Martin Amateur/Juvenile # 1069-09
Mailing Address ^{b(6)} _____
City, State Shelbyville, TN Zip 37160

FILL OUT EITHER (A) OR (B):

A. Exhibitors No. 5 Exhibitors Class No. 13
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time _____ A.M. P.M. (circle one)

List the violation/violations that have resulted in the horse being disqualified or excused.
Bilateral Sore
DR Mullins Schum

(Office Use Only): _____

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

CUSTODIAN OR ASSISTANT'S SIGNATURE



28014

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 7/25

Name of Show Red Carpet Show of the South
City, State Palaski TN
Show Manager _____

Horse's Name Heart Desire by JFK Registration Number 2012776
Age _____ Sex _____ Color _____ 35962
Markings _____ Crossville AL

TWHBEA! JD + Ginger EVANS
Horse Owner Linda Taylor + Sandra Simmons Daytime Phone _____
Mailing Address _____
City, State Childersburg AL Zip _____

Horse Trainer Hugh Taylor Jr Trainer's License # 88169
Mailing Address _____
City, State Childersburg AL Zip 35044
Daytime Phone _____
*8/31/09
8/31/2009
Approved*

Horse Exhibitor Hugh Taylor Amateur/Juvenile # 88169
Mailing Address _____
City, State _____ Zip _____

FILL OUT EITHER (A) OR (B):
A. Exhibitors No. 252 Exhibitors Class No. 12
Class Description _____
B. Sale or Auction Tag _____

Inspection Date 7/25 Time 8:31 A.M. (P.M. (circle one))
List the violation/violations that have resulted in the horse being disqualified or excused.

Bilateral Sore (called out of the ring) POST SHOW - Left All around - ~~FRONT~~
(Office Use Only): DR Mullins checked FRONT

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

CUSTODIAN OR ASSISTANT'S SIGNATURE
X [Signature]