

SELLERS STATEMENT FOR PRE-PURCHASE EXAM

DATE:
SELLERS NAME:
SELLERS ADDRESS:
SELLERS TELEPHONE NUMBER:

ARE YOU THE SOLE OWNER? YES NO IF NO, LIST OTHER OWNER(S) NAMES
AND PHONE NUMBERS:

HORSES NAME: BREED: COLOR: SEX:
DOB: REGISTRATION NUMBER IF APPLICABLE:

HOW LONG HAVE YOU OWNED HORSE?
IS HORSE CURRENTLY IN WORK? YES NO
HOW OFTEN (IN HOURS/WEEK) IS THE HORSE WORKED? HRS/WEEK
WHAT TYPE OF WORK IS HORSE CURRENTLY IN?

MEDICAL HISTORY:

FREQUENCY OF DEWORMING IN LAST 12 MONTHS:
DATE OF LAST DEWORMING:
DATE OF LAST DENTAL WORK:
DATE OF LAST SET OF VACCINES:
DATE OF LAST TRIMMING/SHOEING:

IS THE HORSE PRESENTLY ON ANY MEDICATIONS? YES NO
IF YES PLEASE LIST MEDICATIONS AND DOSES:

HAS THE HORSE RECEIVED ANY MEDICATIONS IN THE PAST 4 WEEKS? YES NO
IF YES PLEASE LIST MEDICATIONS, DATES AND DOSES:

IS THE HORSE ON ANY OTC SUPPLEMENTS? YES NO
IF YES PLEASE LIST PRODUCTS:

HAS THE HORSE HAD ANY JOINTS INJECTED FOR TREATMENT OR
"MAINTENANCE" PURPOSES DURING YOUR OWNERSHIP? YES NO
IF YES PLEASE LIST DATES AND JOINTS INJECTED:

HAS ANY SURGERY BEEN PERFORMED OTHER THAN ROUTINE CASTRATION FOR
GELDING? YES NO IF YES PLEASE EXPLAIN BELOW

IN THIS HORSE, DO YOU HAVE ANY KNOWLEDGE OF PRESENT OR PAST:		
JOINT DISEASE (IE-ARTHRITIS, OCD, BONE CHIPS, OTHERS) OR INJURY?	YES	NO
TENDON OR LIGAMENT INJURY?	YES	NO
EYE DISEASE OR INJURY? (IE-CATARACT, UVEITIS, GLAUCOMA, ETC)?	YES	NO
DENTAL ABNORMALITIES?	YES	NO
RESPIRATORY DISEASE? (IE-ALLERGIES, HEAVES, ETC)	YES	NO
MUSCLE DISEASE? (TYING UP, SORENESS, EPSM)	YES	NO
BACK OR NECK/POLL PAIN	YES	NO
LAMINITIS/FOUNDER	YES	NO
NAVICULAR DISEASE/HEEL PAIN OR OTHER LAMENESS	YES	NO
NEUROLOGIC DISEASE (EPM,WOBBLERS, ETC)	YES	NO
COLIC OR CHOKE	YES	NO
SKIN TUMORS (SARCOIDS, MELANOMAS, ETC)	YES	NO
STABLE VICES, VICIOUS HABITS, BEHAVIOR PROBLEMS*	YES	NO
*INCLUDES CRIBBING, WINDSUCKING, WEAVING, BITING, STRIKING, REARING, PAWING, STALL KICKING, BAD FOR VETERINARY OR FARRIER WORK, ETC		
DOES THE HORSE LOAD AND UNLOAD FROM A TRAILER	YES	NO
DOES THE HORSE TIE SAFELY	YES	NO
KNOWN CARRER OF HYPP, PSSM OR OTHER GENETIC DISEASE	YES	NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE EXPLAIN BELOW:

DOES THIS HORSE RECEIVE ANY "MAINTENACE" DRUGS SUCH AS DEPO-PROVERA, REGUMATE, LEGEND, ADEQUAN, POLYGLYCAN, PENTOSAN, ETC? IF YES PLEASE LIST DRUGS AND FREQUENCY BELOW:

FOR MARES ONLY:

HAS THIS MARE EVER BEEN BRED?

HAS THIS MARE CARRIED A FOAL TO TERM?

HAS THIS MARE EVER HAD A UTERINE CULTURE/SENSITIVITY AND/OR BIOPSY PERFORMED? RESULTS?

I, _____ (OWNER OR AUTHORIZED AGENT OF OWNER)
CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date