



The Oaks Veterinary Clinic

Equine & Farm Services

Ryland B. Edwards, Jr., DVM
F. Garrett Edwards, DVM
Cathleen J. Lombardi, DVM
Shanna N. Edwards, DVM
Jessica S. Mattingly, DVM
Sherri D. Field Gard, DVM

Seller's Statement for Pre-Purchase Exam

Date:

Seller's Name:

Seller's Address:

Seller's Telephone Number:

Are you the sole owner? Yes No

If no, list other owner(s) names and phone numbers:

*** If medical records exist for the following horse, the seller must release all medical records to the buyer before the pre-purchase exam is performed.

Horse's Name: _____ Breed: _____ Color: _____ Sex: _____

Date of Birth: _____ Registration Number (if applicable): _____

How long have you owned the horse?

Is the horse currently in work? Yes No

How often (in hours/weeks) is the horse worked? _____ Hrs/Week

What type of work is horse currently in?

Please list all veterinary practices, including referral practices that have attended to horse:



The Oaks Veterinary Clinic

Equine & Farm Services

Ryland B. Edwards, Jr., DVM
F. Garrett Edwards, DVM
Cathleen J. Lombardi, DVM
Shanna N. Edwards, DVM
Jessica S. Mattingly, DVM
Sherri D. Field Gard, DVM

Medical History:

Current Diet:

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 and doses:

Is the horse on any over the counter supplements? Yes No

If yes, please list product(s):

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 (i.e.: Arthritis, OCD, Bone Chips, etc.) or injury? Yes No

Tendon or ligament injury? Yes No

Eye disease or injury (i.e.: Cataract, Uveitis, Glaucoma, etc.)? Yes No



The Oaks Veterinary Clinic

Equine & Farm Services

Ryland B. Edwards, Jr., DVM
 F. Garrett Edwards, DVM
 Cathleen J. Lombardi, DVM
 Shanna N. Edwards, DVM
 Jessica S. Mattingly, DVM
 Sherri D. Field Gard, DVM

Dental Abnormalities?	Yes	No
Respiratory Disease (i.e.: Allergies, Heaves, etc.)?	Yes	No
Muscle Disease (i.e.: Tying up, Soreness, EPSM, etc)?	Yes	No
Back or Neck/Poll Pain?	Yes	No
Laminitis/Founder?	Yes	No
Navicular Disease/Heel Pain or other Lameness?	Yes	No
Neurlogic Disease (i.e: EPM, Wobblers, etc.)?	Yes	No
Colic or Choke?	Yes	No
Skin Tumors (i.e: Sarcoids, Melanomas, etc.)?	Yes	No
Stables vices, Vicious Habits, Behavioral 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 carrier of HYPP, PSSM or other genetic disease?	Yes	No

If the answer to any of the above questions is yes, please explain below:

Does the horse receive any “maintenance” 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?	Yes	No
Has this mare carried a foal to term?	Yes	No
Has this mare ever had a Uterine Culture/Sensitivity and/or Biopsy performed?	Yes	No

If yes, list results below:



The Oaks Veterinary Clinic

Equine & Farm Services

Ryland B. Edwards, Jr., DVM
F. Garrett Edwards, DVM
Cathleen J. Lombardi, DVM
Shanna N. Edwards, DVM
Jessica S. Mattingly, DVM
Sherri D. Field Gard, DVM

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. By signing below you are releasing all available medical records concerning the horse offered for sale to the prospective buyer.

Signature

Date