

Prepurchase Examination

To be completed by the seller:

Buyer Information	Seller Information
Buyer Name: Address: Phone Number:	Seller Name: Address: Phone Number:
Agent Name: Address: Phone Number:	Agent Name: Address: Phone Number:
Veterinarian:	Veterinarian:
Intended Use of Horse:	Past/Current Use of Horse:

Horse Information			
Registered Name		Breed	
Barn Name		Gender	
Age		Height/Weight	
Color/Markings		Tattoo/Brand	
Location of Veterinary Records		Duration of Ownership	

Medical History	Yes	No	Explanation
Has this horse had a recent negative coggins test?			
Has this horse ever had colic?			
Does this horse have any history of lameness or other orthopedic problems?			
Has this horse ever had X-rays taken?			
Does this horse have any history of neurologic disease?			
Has this horse ever had respiratory disease?			

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Medical History	Yes	No	Explanation
Has this horse taken any medication in the last 60 days:			
Has this horse ever had surgery?			
Has this horse ever been bred? Did a pregnancy result?			
Is this horse pregnant? (if mare)			
Does this horse have any bad habits/stable vices (cribbing, wind-sucking, weaving, biting)?			
Has this horse ever had a vaccine reaction?			

Medical History	
Please list vaccinations and deworming for the last 12 months:	
Please describe feed and supplements for the last 12 months:	
Please describe training/performance history:	
Please describe work level in the last month and the date/activity of last competition:	
When was the horse last trimmed/shod:	
Where is this horse kept? Pasture/Dry Lot/Stable/ Etc.	
Please describe veterinary examinations/treatments/medications in the last 12 months:	

The statements above are true and complete to the best of my knowledge. This horse has not received **ANY** medication of any kind in the last three weeks (except as mentioned above).

Signature of Owner
 or Owner's Agent: _____

Date: _____

Printed Name: _____

Date: _____