

# PRE-PURCHASE FORM - SELLER



Seller Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Current Use of Horse: \_\_\_\_\_ How long has this horse been in your care: \_\_\_\_\_

<b>TRAINING SCHEDULE</b>	<b>YES</b>	<b>NO</b>	
Has this horse been in training: in the last month?			Days per week:
Has this horse been in training: in the last 3 days?			Today?:
Date of last competition: _____			

<b>MEDICAL HISTORY</b>	<b>YES</b>	<b>NO</b>
<b>Has this horse been examined/treated by a Veterinarian in the last 6 months?</b>		
DVM Name: _____ Reason: _____		
<b>Has this horse had any joint injections in the last 6 months?</b>		
Date: _____ Joints: _____		
<b>Previous Xrays or ultrasound?</b>		
Date: _____ Areas: _____		
<b>Previous surgery?</b>		
Date: _____ Reason: _____		
<b>Previous illness/injury</b>		
Please list all within the last year: _____		
<b>Has this horse ever exhibited neurological signs?</b>		
If yes, explain: _____		
<b>Has this horse had any exposure to infectious disease in the past six months?</b>		
If yes, explain: _____		
<b>Does this horse have any vices or shipping problems?</b>		
If yes, explain: _____		
<b>Has this horse been vaccinated and dewormed this year?</b>		
Vaccines & dates: _____ Last Dewormer: _____		

<b>MEDICATION</b>	<b>YES</b>	<b>NO</b>
<b>Does this horse receive medication before or after competition?</b>		
Please list medications and reason: _____		
<b>Has this horse been on any medication in the last month?</b>		
Please list medications and reason: _____		

To the best of my knowledge, the above statements are correct and I grant permission to conduct the examination as required, including any test(s) that the Veterinarian considers necessary. I also accept any risk to the horse during the course of the examination.

Seller/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_