PREPURCHASE/PHYSICAL EXAMINATION

Date _____

General Information:

- Buyers Name:_____ Phone:_____
- Buyers Address:_____
- Seller/Agent Name:_____Phone:_____
- Sellers Address:_____
- Horse Registered Name:_____
- Barn Name:_____Age:_____Sex:_____Breed:_____
- Color/Markings: _____
- Microchiped, if so ID #: _____
- Approx. Wt: _____ Approx. Hgt: _____
- Intended Use: _____

Seller/Agent Statement: Present:_____ Absent:_____

- Length owned: _____
- Present Work Level:_____
- Vices/Behavioral Problems: No_____ Yes _____
- Previous Lameness: No_____ Yes _____
- Previous X-Rays: No_____ Yes _____
- Previous Injections, if yes what/when: _____
- Does the horse show on any medications: No _____ Yes _____
- Previous illness/injury: No_____ Yes_____
- Previous colic: No_____ Yes_____
- Previous surgery: No_____ Yes_____
- Excessive water drinking: No_____ Yes_____
- Excessive Urination: No_____ Yes_____
- Has you horse been genetically tested, is yes please state what for and results: _____
- Previous allergy problems: _____
- Diet idiosyncrasy: _____
- Has this horse been on any medication in the past 30 days: No_____
  - Yes_____ Explain_____

- Current Veterinarian: _____
    - Permission to contact veterinarian: No_____ Yes_____

I, _____, as Seller/Agent, have answered all of the above questions truthfully and to the best of my knowledge.

Vaccination Status: EWE _____ TET _____ FLU _____ RHINO _____
PHF _____ RAB _____ STRANGLES _____
Other _____

Deworming Program: _____
Last date:_____ Product: _____

Agreement Statement:

I give permission for the performance of any test considered necessary by the examining Veterinarian and agree to hold him/her harmless for the consequences thereof.

Signed: _____ Date:_____

Buyer/Agent Statement: Present: _____ Absent: _____

Buyer:
I am interested in the following to be performed at my expense.

	Yes	No	Based On Exam
Radiographs	☐	☐	☐
If yes, what region would you like? _____			
Distal Limb Ultrasound	☐	☐	☐
Reproductive Exam	☐	☐	☐
Scope Upper Airways	☐	☐	☐
Scope Stomach	☐	☐	☐
Coggins	☐	☐	☐
Fecal Parasite Test	☐	☐	☐
Bloodwork	☐	☐	☐
Metabolic Testing	☐	☐	☐
Genetic Testing	☐	☐	☐
Drug Screen	☐	☐	☐