

# DESERT PINES EQUINE

## MEDICAL & SURGICAL CENTER

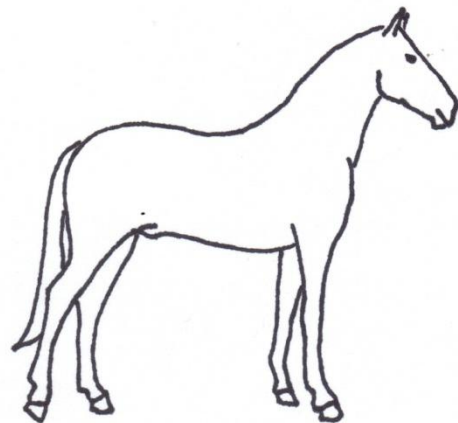
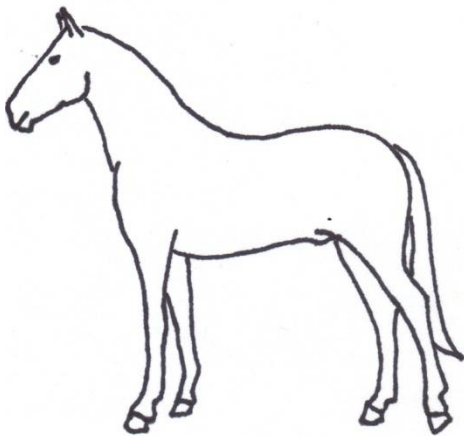
Garth W. Lamb, DVM  
Leslie A. Schur, DVM  
Kevin D. Ballard, DVM  
James W. Dorenkamp, DVM

### PREPURCHASE/PHYSICAL EXAMINATION

Date \_\_\_\_\_

#### General Information:

- A) Buyers Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- B) Buyers Address: \_\_\_\_\_
- C) Seller/Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- D) Sellers Address: \_\_\_\_\_
- E) Exam Location: \_\_\_\_\_
- F) Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_
- G) Approx. Wt: \_\_\_\_\_ Approx. Hgt: \_\_\_\_\_
- H) Intended Use: \_\_\_\_\_
- I) Color/Markings: \_\_\_\_\_
- J) Brands, Tattoos, Microchip: \_\_\_\_\_



**Seller/Agent Statement:**

Present: \_\_\_\_\_ Not Present: \_\_\_\_\_

- A) Length owned: \_\_\_\_\_
- B) Present Work Level: \_\_\_\_\_
- C) Vices/Behavioral Problems: No \_\_\_\_\_ Yes \_\_\_\_\_
- D) Previous Lameness: No \_\_\_\_\_ Yes \_\_\_\_\_
- E) Previous X-Rays: No \_\_\_\_\_ Yes \_\_\_\_\_
- F) Previous illness/injury: No \_\_\_\_\_ Yes \_\_\_\_\_
- G) Previous colic: No \_\_\_\_\_ Yes \_\_\_\_\_
- H) Previous surgery: No \_\_\_\_\_ Yes \_\_\_\_\_
- I) Excessive water drinking: No \_\_\_\_\_ Yes \_\_\_\_\_
- J) Excessive Urination: No \_\_\_\_\_ Yes \_\_\_\_\_
- K) Previous allergy problems: \_\_\_\_\_
- L) Diet idiosyncrasy: \_\_\_\_\_
- M) Has this horse been on any medication in the past 30 days: No \_\_\_\_\_  
Yes \_\_\_\_\_ Explain \_\_\_\_\_
- N) Current Veterinarian: \_\_\_\_\_
- O) Permission to contact veterinarian: No \_\_\_\_\_ Yes \_\_\_\_\_

**Preventative Care History**

Vaccination Status: EWE \_\_\_\_\_ TET \_\_\_\_\_ FLU \_\_\_\_\_ RHINO \_\_\_\_\_  
 PHF \_\_\_\_\_ RAB \_\_\_\_\_ STRANGLES \_\_\_\_\_  
 Other \_\_\_\_\_

Deworming Program: \_\_\_\_\_  
 Products Used: \_\_\_\_\_ Last Date Administered: \_\_\_\_\_  
 Fecal Parasite Egg Counts Exams: \_\_\_\_\_

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

**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: \_\_\_\_\_**

**Physical Exam:**

General Body Condition/Coat \_\_\_\_\_

Head:

Mouth/Teeth	_____	Nor	_____	Abn	_____
Nares	_____	Nor	_____	Abn	_____
Eyes	_____	Nor	_____	Abn	_____
Ears	_____	Nor	_____	Abn	_____
Throat	_____	Nor	_____	Abn	_____
Other	_____	Nor	_____	Abn	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body:

Temp: \_\_\_\_\_

Neck/Shoulder	_____	Nor	_____	Abn	_____
Thorax	_____	Nor	_____	Abn	_____
Back	_____	Nor	_____	Abn	_____
Hind Quarters	_____	Nor	_____	Abn	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardiovascular:

Ausc. \_\_\_\_\_ Nor \_\_\_\_\_ Abn \_\_\_\_\_

Heart Rate: Resting \_\_\_\_\_ Post Exercise \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Respiratory:

Ausc. \_\_\_\_\_ Nor \_\_\_\_\_ Abn \_\_\_\_\_

Resp. Rate Rest: \_\_\_\_\_ Post Exercise \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Locomotor:

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Limb Examination**

Left Front – palpation/extension/flexion:

Shoulder/Elbow/Forearm	_____	Nor	_____	Abn
Carpus	_____	Nor	_____	Abn
Cannon/Splints	_____	Nor	_____	Abn
Fetlock/Pastern	_____	Nor	_____	Abn
Foot/Hoof tester pain	_____	Nor	_____	Abn

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right Front – palpation/extension/flexion:

Shoulder/Elbow/Forearm	_____	Nor	_____	Abn
Carpus	_____	Nor	_____	Abn
Cannon/Splints	_____	Nor	_____	Abn
Fetlock/Pastern	_____	Nor	_____	Abn
Foot/hoof tester pain	_____	Nor	_____	Abn

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right Hind – palpation/extension/flexion

Hip                         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Stifle                    \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Hock/Spavin Test       \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Cannon/Splints         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Fetlock/Pastern         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Foot/Tester Pain        \_\_\_\_\_Nor   \_\_\_\_\_Abn

Comment:

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Left Hind – palpation/extension/flexion

Hip                         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Stifle                    \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Hock/Spavin Test       \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Cannon/Splints         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Fetlock/Pastern         \_\_\_\_\_Nor   \_\_\_\_\_Abn  
Foot/Tester Pain        \_\_\_\_\_Nor   \_\_\_\_\_Abn

Comment:

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Reproductive: \_\_\_\_\_ Non-Applicable \_\_\_\_\_

Previous # of Foals: \_\_\_\_\_ Last Foaling Date: \_\_\_\_\_

\_\_\_\_\_

Laboratory: CBC/Chem \_\_\_\_\_ Coggins \_\_\_\_\_  
Drug Screen \_\_\_\_\_ Other \_\_\_\_\_

Other Diagnostics: Recommend \_\_\_\_\_  
Requested \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Veterinary Examiner

\_\_\_\_\_  
Purchaser or Agent

**I HAVE ON THIS DAY MADE A CLINICAL EXAMINATION OF THIS HORSE. THE  
SOLE PURPOSE OF THIS EXAMINATION IS TO COLLECT ADDITIONAL  
INFORMATION ABOUT THIS HORSE; IT IS NOT INTENDED TO BE USED AS A  
PROGNOSIS OR WARRANTY FOR FUTURE USE.**