



Pre-Purchase Exam – Seller’s Form
To be filled out by Seller or Agent

Date: _____

Seller Name: _____ Phone #: _____

Agent Name: _____ Phone #: _____

Seller's Address: _____

Name of Horse: _____

Age: _____ Breed: _____ Sex: _____

Color: _____ Markings: _____

Current use of horse:

Amount of work horse currently in:

Days per week: _____

Approximate # minutes/workout: _____

Has horse been out of work for greater than 1 month in the past 2 years? YES NO

How long have you owned or known the horse? _____

When has the horse last vaccinated? _____

When was the horse last de-wormed? _____

When is the date of the horse's last Coggins? _____

Have you had a lameness that required workup? YES NO

If Yes, please explain: _____

Does the horse have any medical problems? YES NO

Do you know of any past medical problems? YES NO

Does the horse have any vices? YES NO

Has the horse ever had surgery? YES NO

Is the horse currently on any medications? YES NO

Is the horse currently on any supplements? YES NO

Has the horse had any joint injections? YES NO

Has the horse had Osphos or Tildren? YES NO

If you answered yes to any of the above questions, please explain:

Name of veterinarian the horses care has been under this past year:

I, _____, the undersigned, certify that I am the owner or authorized agent of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by Dr. Alison Baileys for the purpose of determining the health status of the horse listed above prior to sale.

_____ Signature of Seller/Agent