



PRE-PURCHASE EXAMINATION HISTORY To be filled out by Seller or Agent

Date: _____ Buyers's Name _____

Seller's Name: _____ Phone: _____

Seller's Address: _____

Agent: _____ Phone: _____

Current use of horse: _____

Amount of work horse currently in: _____

Name of horse: _____

Age: _____ Breed: _____ Sex: _____ Color: _____

Markings: _____

Questions:

How long have you owned or known the horse? _____

Has this horse been out of work for any significant length of time in the past two years? _____

What is the intended use of the horse? _____

Please write the date of the last time the vaccine/product was administered in the space provided:

Tetanus: _____ Flu/Rhino _____ Rabies _____ Strangles _____

WNV/EEE/WEE _____ Date of last deworming _____ Date of last coggins _____

Does the horse have any medical problems? NO YES

Do you know of any past medical problems? NO YES

Does the horse have any vices (including but not limited to cribbing, biting, kicking, head tossing, trouble loading etc)? NO YES

Has the horse ever had surgery? NO YES

Is the horse currently on any medications/supplements (please include oral or injectable joint supplements)? NO YES

Is the horse currently receiving a non-steroidal anti-inflammatory (such as Bute, Equioxx, Banamine, dexamethasone)? NO YES

Has the horse ever had joint injections? NO YES

Have radiographs ever been taken of this horse for any reason? NO Yes

Is this horse currently insured? NO YES

Date horse was last trimmed/shod: _____

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

I, the undersigned, certify that I am the owner or authorized agent of the above described animal and that the above is true and accurate. I hereby grant my consent to allow the examination procedures to be performed by Foothills Veterinary Services for the purpose of determining the health status of the horse listed above prior to sale.

Signed: _____

Signature of Seller/Agent

Phone: 307-763-4525

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