

PRE-PURCHASE EXAM INFORMATION

COLLEGE STATION, TEXAS

(979) 229-7845

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(PLEASE RETURN THIS FORM COMPLETED PRIOR TO THE EXAM)

Information from Seller:

Date: _____

Current Owner:

Present? Yes No

Name:

Seller's Agent:

Address:

Phone:

Phone:

Buyer's Name/Agent:

Email Address:

Fax #:

Phone:

Horse's Information:

Registered Name: _____	Breed: _____
Registration Number: _____ Tattoo: _____	Age: _____ Gender: M <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/>
Barn Name: _____	Color: _____ Description/Markings: _____
Amount and type of work this horse has been in:	Has this horse been out of work for any significant length of time in the past 2 years? Explain

Additional Questions:

How long have you owned this horse? _____ When was the last time Strangles was present on your property? _____

Vaccine History:

Please write the date of the last time the vaccine/item was administered in the space provided.

Tetanus:	Flu/Rhino:	Rabies:	Strangles:	EEE/WEE/ West Nile:	Date of Last Coggins Test:	Date of Last Deworming:
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

If this horse has experienced any of the following while you have owned him/her please check the corresponding box. Or, to the best of your knowledge, prior to your owning this horse, he/she was diagnosed with:

- | | | | |
|-----------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Colic | <input type="checkbox"/> Eye Disease | <input type="checkbox"/> Respiratory infection or disease | <input type="checkbox"/> Surgery of any type |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Cough | <input type="checkbox"/> Symptoms of Gastric Ulcers | <input type="checkbox"/> Lameness |

If surgery has been performed or if this horse has been lame, please elaborate below and provide dates:

Please answer the following question below to the best of your knowledge. If yes, please elaborate and provide dates when applicable.

	YES	NO		YES	NO
Does this horse have any vices (cribbing, kicking, biting, wind sucking, halter pulling, head tossing, trouble loading, etc)? _____	<input type="checkbox"/>	<input type="checkbox"/>	Has this horse ever had any joints injected? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the horse a bleeder, on Lasix or currently on any other medication of any type? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have radiographs ever been taken of this horse for any reason? If so, why? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the horse currently receiving feed supplements of any type? _____	<input type="checkbox"/>	<input type="checkbox"/>	Does this horse have any allergies? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the horse currently receiving a non-steroidal anti-inflammatory drug (such as Bute, Equioxx, Banamine, Dex)? _____	<input type="checkbox"/>	<input type="checkbox"/>	Is this horse currently insured? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the horse currently receiving an oral or injectable joint supplements? _____	<input type="checkbox"/>	<input type="checkbox"/>	Has a medical or surgical claim ever been filed for this horse? _____	<input type="checkbox"/>	<input type="checkbox"/>
When worked during hot weather, does this horse sweat normally? _____	<input type="checkbox"/>	<input type="checkbox"/>	Has this horse ever been denied insurance coverage? If so, Why? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does this horse have any known issues with head shaking?	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Mare specific questions:

Has she ever been bred?
 Yes No

If so, how many times was she bred before she conceived?

How many foals has this mare delivered?

Born Alive _____

Stillborn _____

Any that died during the first month of life? _____

Has she ever been diagnosed with a uterine infection?

Yes No

Has she ever had a uterine biopsy?

Yes No

If yes, list results:

Stallion specific questions:

Has he ever had a problem with fertility?
 Yes No

Has his semen ever been examined?
 Yes No

Are there any problems with libido (sex drive)?

Yes No

Gelding specific questions:

To your knowledge, have both testicles been removed?

Yes No

Anything else that should be noted:

I certify that the information I am providing regarding the horse described above is true and accurate.
FURTHERMORE, unless stated in the blank above, I certify that no medications have been administered to this horse within 72 hours of the exam.

Signature of seller
or authorized agent: _____

Date: _____