

## PRE-PURCHASE EXAM INFORMATION

COLLEGE STATION, TEXAS

(979) 229-7845

**Ryan M. Lee, MS, DVM**

**Information from Seller:**

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

**Seller's Information:**

Name:

Seller's Agent:

Present?  Yes  No

Address:

Phone:

Phone:

Buyer's Name/Agent:

Email Address:

Fax #:

Phone:

**Horse's Information:**

Registered Name: \_\_\_\_\_

Breed:

Registration Number: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Age:

Gender: M  G  S

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

**Questions for Seller:**

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 was administered in the space provided.

Tetanus:	Flu/Rhino:	Rabies:	Strangles:	EEE/WEE/ West Nile:	Date of Last Coggins Test:	Date of Last Deworming:

Please check if this horse has experienced any of the following while you have owned this horse, or to the best of your knowledge, prior to your owning this horse.

- |                                   |                                      |   |  |
|-----------------------------------|--------------------------------------|---|--|
| <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:

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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 currently on medication of any type? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have radiographs been taken for any reason? _____	<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

How many times was she bred before she conceived?  
\_\_\_\_\_

How many foals has this mare delivered?  
Alive \_\_\_\_\_  
Dead \_\_\_\_\_  
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. **I also certify that no medications have been administered to this horse within the last 72 hours.**

Signature of seller \_\_\_\_\_ Date: \_\_\_\_\_  
or authorized agent: \_\_\_\_\_