



Veterinary Services

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Pre – Purchase Examination - Seller’s Section

Seller’s Name: _____
Address: _____
Phone: _____ cell/home/work
Email: _____
Agent acting on behalf of Seller: _____

Present Use: _____
Past Use and Levels: _____
Use horse is being sold for: _____
How long have you owner or been acquainted with the horse? _____

Horse Name: _____ Age: _____
Breed: _____ Colour: _____ Height: _____ Sex: G/M/S
Markings: _____

To your knowledge:

Does the horse have current medical issues?	No	Yes
Do you know of any past medical issues?	No	Yes
Has the horse ever had medical/lameness issues?	No	Yes
Does the horse have any vices?	No	Yes
Has the horse ever had any surgical procedures performed?	No	Yes
Is the horse currently on any medications or supplements?	No	Yes
Has the horse ever been on medications?	No	Yes
Has the horse had joint injections?	No	Yes

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

When was the horse last vaccinated? What vaccine? _____

When was the horse last dewormed? Which dewormer? _____

When is the date of the horse’s last negative Coggins? _____

I certify that I am the owner, or an authorized agent for the owner, for the above-described animal. I consent to allow the examination. The pre-purchase examination reflects the health and soundness of the horse on the day of the evaluation and is no guarantee of future soundness and suitability.

Date

Signature of Seller or Agent