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| CVS_logo_small.jpg | **Central Veterinary Services****Oak Bluff, MB R0G 1N0****Ph: 204-275-2038****Fax: 204-261-0556****Email: centralvetservices@gmail.com** |

**Pre-Purchase Exam History**

*\*Both pages must be filled out by seller prior to exam\**

To be completed by the seller:

|  |  |
| --- | --- |
| **Buyer Information:** | **Seller Information:** |
| Buyer Name:Address:Phone Number: | Seller Name:Address:Phone Number: |
| Veterinarian: | Veterinarian: |
| Intended Use of Horse: | Past/Current Use of Horse: |

|  |  |
| --- | --- |
| **Horse Information** |  |
| Registered Name: | Breed: |
| Barn Name: | Gender: |
| Age: | Height/Weight: |
| Color/Markings: | Tattoo/Brand: |
| Location of Veterinary Records: | Duration of Ownership: |

How long have you owned or known this horse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was this horse last vaccinated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which vaccines were given?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was this horse last dewormed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Which dewormer was given?\_\_\_\_\_\_\_\_\_

Please describe training/performance history\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe work level in the last month and the date/activity of last competition\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was this horse last trimmed/shod?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is this horse kept? Pasture/Dry/Lot/Stable/etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe veterinary examinations/treatments/medications in the last 12 months\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Has this horse had a recent negative Coggins test? | **Y/N** |
| Does this horse have any history of lameness or other orthopedic problems? | **Y/N** |
| Has this horse ever had joint injections? | **Y/N** |
| Has this horse ever had x-rays taken? | **Y/N** |
| Does this horse have any history of neurologic disease? | **Y/N** |
| Has this horse ever had respiratory disease? | **Y/N** |
| Has this horse ever tied up? | **Y/N** |
| Has this horse ever had surgery? | **Y/N** |
| Has this horse ever been bred? | **Y/N** |
| Is this horse pregnant (if mare)? | **Y/N** |
| Does this horse have any vices (cribbing, wind-sucking, weaving, biting)? | **Y/N** |
| Has this horse ever had a vaccine reaction? | **Y/N** |
| Is this horse currently on any medications/supplements? | **Y/N** |
| Has this horse ever been on medications? | **Y/N** |

If you answered “YES” to any of the above questions, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above statements are true and complete to the best of my knowledge. I, the undersigned, certify that I am the owner of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by an associate of Central Veterinary Services for the purpose of determining the health status of the horse listed above prior to sale.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Seller Date**

*Please send completed forms by fax, email or have present on day of exam*