

Swiftsure Equine Veterinary Services

Dr Danica Olenick, DVM, Dr Kaitlin McDonald, DVM, & Dr Andrea Plaxton, DVM

Pre Purchase Horse History

Seller Name: _____ Phone Number: _____

Seller's Agent Name: _____ Phone Number: _____

Horse's Name: _____ Breed: _____

Age: _____ Sex: **M / G / S** Colour: _____

Markings/ Brands/Tattoos: _____

Length of Current Ownership: _____ Current Use of Horse: _____

Horse is worked _____ days per week, for an average of _____ minutes per workout.

Please circle what this horse is vaccinated against and provide the date of last vaccination:

Tetanus / EEE / WEE / Influenza / Rhinopneumonitis / West Nile / Strangles / Rabies

_____/_____/_____/_____/_____/_____/_____/_____/_____

Date of Last Deworming: _____ Product Used: _____

Date of Last Coggins: _____ Date of Last Dental: _____

Current Shoeing: _____ Date of Last Shoeing/Trim: _____

Current Veterinarian: _____ Current Farrier: _____

Does this horse have any current medical conditions? **YES** **NO**

Has this horse had any past medical conditions? **YES** **NO**

Has this horse ever had surgery? **YES** **NO**

Does this horse have any vices? **YES** **NO**

Is this horse currently on or recently been on any medications? **YES** **NO**

Is this horse currently on or recently been on any supplements? **YES** **NO**

Swiftsure Equine Veterinary Services

Dr Danica Olenick, DVM, Dr Kaitlin McDonald, DVM, & Dr Andrea Plaxton, DVM

Pre Purchase Horse History

Is this horse currently on any anti-inflammatories, analgesics, sedatives, tranquilizers or behaviour-modifying drugs?	YES	NO
Has this horse colicked?	YES	NO
Has this horse received any IM or IV joint therapies?	YES	NO
Has this horse been treated with joint injections?	YES	NO
Has this horse been treated with Osphos or Tildren?	YES	NO
Has this horse been off work for 1 month or longer in the past 2 years?	YES	NO
Has this horse ever had a lameness that required veterinary work up?	YES	NO
If female – Has this mare ever been bred?	YES	NO
If female – Has this mare ever produced a live foal?	YES	NO

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. I know of no other reason, that is not listed above, that the above described animal may be considered unsuitable for purchase. I hereby grant my consent to allow the examination procedures to be performed by Dr. Danica Olenick / Dr. Kaitlin McDonald for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/ Agent: _____

Date: _____

Is there any other behavioural or medical history you believe the purchaser or veterinarian would find useful?
