

Swiftsure Equine Veterinary Services

Dr. Danica Olenick, DVM, Dr. Kaitlin McDonald, DVM & Dr Katharine White, 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 Katharine White, 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**

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

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: _____