

Swiftsure Equine Veterinary Services

Dr. Danica Olenick, DVM, Dr. Kaitlin McDonald, DVM & Dr. Reina Fennell, DVM

Pre Purchase Horse History – Breeding Mare

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

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Has this horse colicked?	YES	NO
Has this horse ever had a lameness that required veterinary work up?	YES	NO
Has this mare ever been bred?	YES	NO
Has this mare ever been pregnant?	YES	NO
If so, when? _____	How many times? _____	
Has this mare carried a foal to term?	YES	NO
Did the foal have any conformational abnormalities? (Pre-mature, post-mature?)	YES	NO
Has this mare ever produced a live healthy foal?	YES	NO
Has this mare ever produced an unhealthy or still born foal?	YES	NO
Has this mare ever aborted a fetus?	YES	NO
Has this mare ever been bred unsuccessfully?	YES	NO
Has this horse ever had any history of laminitis or metabolic disease?	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 / Dr. Reina Fennell for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/ Agent: _____

Date: _____