

# ***Swiftsure Equine Veterinary Services***

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

## **Pre Purchase Horse History**

Seller Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Seller's Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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

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

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

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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: \_\_\_\_\_