

Adobe Veterinary Center Equine Pre-Purchase Examination Questionnaire

Date _____

Buyer _____

Seller _____

Horse's Name _____ Age _____ Gender _____

Color _____ Tattoo _____ Microchip _____

Markings _____ Brands _____

Previous/ Current Veterinarian(s) _____

The Veterinarian(s) listed above has my permission to release all records on the above animal to Adobe Veterinary Center ___ Yes ___ No

How long have you owned/known this horse? _____

History

Dental care _____ Deworming _____

Vaccinations _____

Allergies/ Vaccine reactions _____

Lameness problems (past) _____

(current) _____

Performance problems(past) _____

(current) _____

Medical problems (past) _____

(current) _____

Current Medications _____

Current use and work schedule _____

Current diet and supplements _____

Previous Surgeries _____

Previous Illnesses _____

We draw blood on all horses presented for pre-purchase exams to be tested or held for testing in the future. I authorize this blood collection to be done ___ Yes ___ No

I authorize that all the above information is accurate to the extent of my knowledge.

Seller's Signature _____

I understand that a pre-purchase exam is a one-time assessment of this animal on this date and time and is not a warranty.

Buyers Signature _____