



Pre-Purchase Information Form

Buyer: _____

Address: _____

Phone: _____

Agent for buyer: _____

Please fill out the following form with as much information as possible and fax to:
802-425-5353

Seller: _____

Address: _____

Phone: _____

Agent for seller: _____

Location of horse: _____

Horse: Registered Name: _____ Barn Name: _____

Breed: _____ Age: _____ (confirmed by registration)

Gender: _____ Color: _____

Previous Training/Work: _____

Current Training/Work: _____

Intended Use: _____

Medical History: Any lameness, respiratory, colic or other information?

Any Particular Concerns:

The exam includes a complete external physical exam, soundness exam on the lunge evaluating all 3 gaits plus flexion tests. Radiographs are recommended, and depending on the results of the exam and particulars of the horse they can be performed and evaluated at the time of the exam.

Optional procedures are listed below; please indicate if these or others are requested:

Lab Tests

Drug Screen

Coggins Test (Negative Coggins required within 60 days of sale)

Lyme Test

CBC and Chemistry – General Health Screen

Internal Reproductive Exam Including Ultrasound (for mares)

Upper Airway Scope

Other:

If digital x-rays are to be mailed to another Veterinarian, please list that person's name and clinic address:

248 Plouffe Lane, Charlotte, Vermont 05445

802-425-5454 (Office) 802-425-5353 (Fax)