

Sent to owner (Seller)

## Rockwall Equine Center

David Celella, DVM

Maria Payne, DVM

### Background History for the Purchase Exam

This is to inform you, the seller, that we are doing a examination on your horse, for a prospective buyer. We need you completely fill out the following information, and then sign page three.

Thank you for your assistance.

Exam date: \_\_\_\_\_

Will you be present during the exam? \_\_\_\_\_

If not yourself, then who, and what is your relation? \_\_\_\_\_

**Horse's name:** \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Tattoo/Brand: n/a \_\_\_\_\_

Bad habits and/or vices: (Cribbing/Weaving/Wind Sucking)

### History

#### Date of last vaccinations:

Vewt \_\_\_\_\_ Flu \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_

West Nile \_\_\_\_\_ Coggins: \_\_\_\_\_

Vaccinations currently Due for ? \_\_\_\_\_

Deworming History-Dates: \_\_\_\_\_

Diet: \_\_\_\_\_

Medications given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lameness Exams, X-rays, Ultra-sound or Nuclear scans - Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injections horse has received-Dates: \_\_\_\_\_  
\_\_\_\_\_

Surgical procedures- (excluding routine castration) Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past episode of colic-Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past episode of Founder/Laminitis-Dates: \_\_\_\_\_  
\_\_\_\_\_

Abnormal Respiratory sounds during exercise? \_\_\_\_\_  
\_\_\_\_\_

Nasal Bleeding:

Any episodes of diarrhea? \_\_\_\_\_  
\_\_\_\_\_

Does the horse normally sweat? \_\_\_\_\_

Past episode of Founder/Laminitis- Dates: \_\_\_\_\_  
\_\_\_\_\_

Past episode of EPM, or any neurological diseases- Dates: \_\_\_\_\_  
\_\_\_\_\_

Any episodes of tying-up, locking stifles, head shaking, choking or COPD? Dates: \_\_\_\_\_  
\_\_\_\_\_

What work has the horse been doing in the last 6 months?

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How long has it been in your care?

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When did you last compete?

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Has the horse been shod and when?

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Impressive bloodline? \_\_\_\_\_

This examination is intended to assist the prospective purchaser. The examiner makes no warranties. Examination is done at the request of, at the expense, and for the use of the purchaser only. All comments, findings, and recommendations made by the examiner are made in his/her opinion and to the best of their knowledge at the time of the examination. To avoid the attached stigma of “sound” or “unsound”, recommendations are made in regard to intended use only.

Many subtle, yet internal medical or musculoskeletal problems are difficult to diagnose or will go unrecognized on our routine pre-purchase examination. Recurrent colic, “tying up”, low-grade intermittent bronchitis, bleeding, pregnancy, impaired vision, non- sweaters, and subtle lameness are some of the occasional conditions missed on these exams. If the buyer has ridden this horse in the occupation and at the intensity it is being purchased for, many of the above conditions could be recognized or ruled out.

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**As the owner of this horse, I fully understand the nature of this examination, and this information is correct.**

**Date Signed:** \_\_\_\_\_

**Print Owners Name:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**Please fax or mail this form back to our office prior to the purchase exam.**

**Rockwall Equine Center**

**9385 CR 2432**

**Terrell, TX 75160**

**Fax: 972-524-7332**