



Tracy R. Walker, DVM  
Jessy N. Vandevender, DVM  
P.O. Box 2116  
1605 Parsons Road  
Elkins, WV 26241  
Phone: (304)636-8363

**Seller Information**  
Pre-Purchase Examination  
Seller Disclosure

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Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been acquainted with this animal? \_\_\_\_\_ How

long have you had this animal under your care? \_\_\_\_\_

Current Use:  Pleasure/Trail  Breeding  Competition (list discipline): \_\_\_\_\_

### Horse Identification

Registered Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Barn Name: \_\_\_\_\_ Microchip/Tattoo Number: \_\_\_\_\_

Birth date / Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:

Stallion  Mare  Gelding  Spayed Mare

Markings:

Color: \_\_\_\_\_ Head/Face: \_\_\_\_\_

Brands/Scars: \_\_\_\_\_

Left Front: \_\_\_\_\_ Right Front: \_\_\_\_\_

Left Rear: \_\_\_\_\_ Right Rear: \_\_\_\_\_

### Medical History

1) Is a complete previous veterinary medical history including vaccinations, dental exams, lameness, surgery, medical condition, drug therapy, and joint injections available?  Yes  No If yes, attach copies.

2) Has this horse been treated with any systemic or intra-articular medications over the last 8 weeks?

Yes  No If yes, explain. \_\_\_\_\_

3) To the best of your knowledge, has this horse ever had any of the following:

A. Colic  Yes  No

B. Colic Surgery  Yes  No

- C. Lameness  Yes  No
- D. Eye/Vision Problems (recurrent uveitis, cataract)  Yes  No
- E. Surgery  Yes  No
- F. Use of Medications  Yes  No
- G. Disabilities  Yes  No
- H. Vices (cribbing, weaving etc)  Yes  No
- I. Behavioral problems (head shaking, biting, aggression, etc)  Yes  No
- J. Breeding Problems (ie. Abortion/Failure to conceive, Failure to breed)  Yes  No

If you answered "yes" to any of the above questions, please explain.

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4) If mare, is she pregnant?  Yes  No Due Date: \_\_\_\_\_

5) Current Care:  Pasture Only  Pasture/Stall  Stall Kept Only

6) When was the horse last trimmed or shod? \_\_\_\_\_

7) Is there anything that you may know that may influence the sale of this animal?  Yes  No

If yes, please explain.

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8) Will you be present during the exam?  Yes  No

If no, please name the agent that will be representing you. \_\_\_\_\_

### **Seller's Declaration:**

I, \_\_\_\_\_ the undersigned, certify that I am the owner, or duly authorized agent of the owner, of \_\_\_\_\_, an equine. To the best of my knowledge, the answers to the above questions are true and correct. In addition, I hereby grant my consent to allow the examination procedures to be performed by Allegheny Equine Veterinary Service for the purpose of determining the health status of the equine listed above for sale.

\_\_\_\_\_  
Printed Name of Seller

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Date