

PREPURCHASE EXAMINATION REPORT

The contents of this report are privileged and confidential and are prepared solely for the use of the stated purchaser.
This report is valid at the time of issue only.

Practice _____
Dr _____

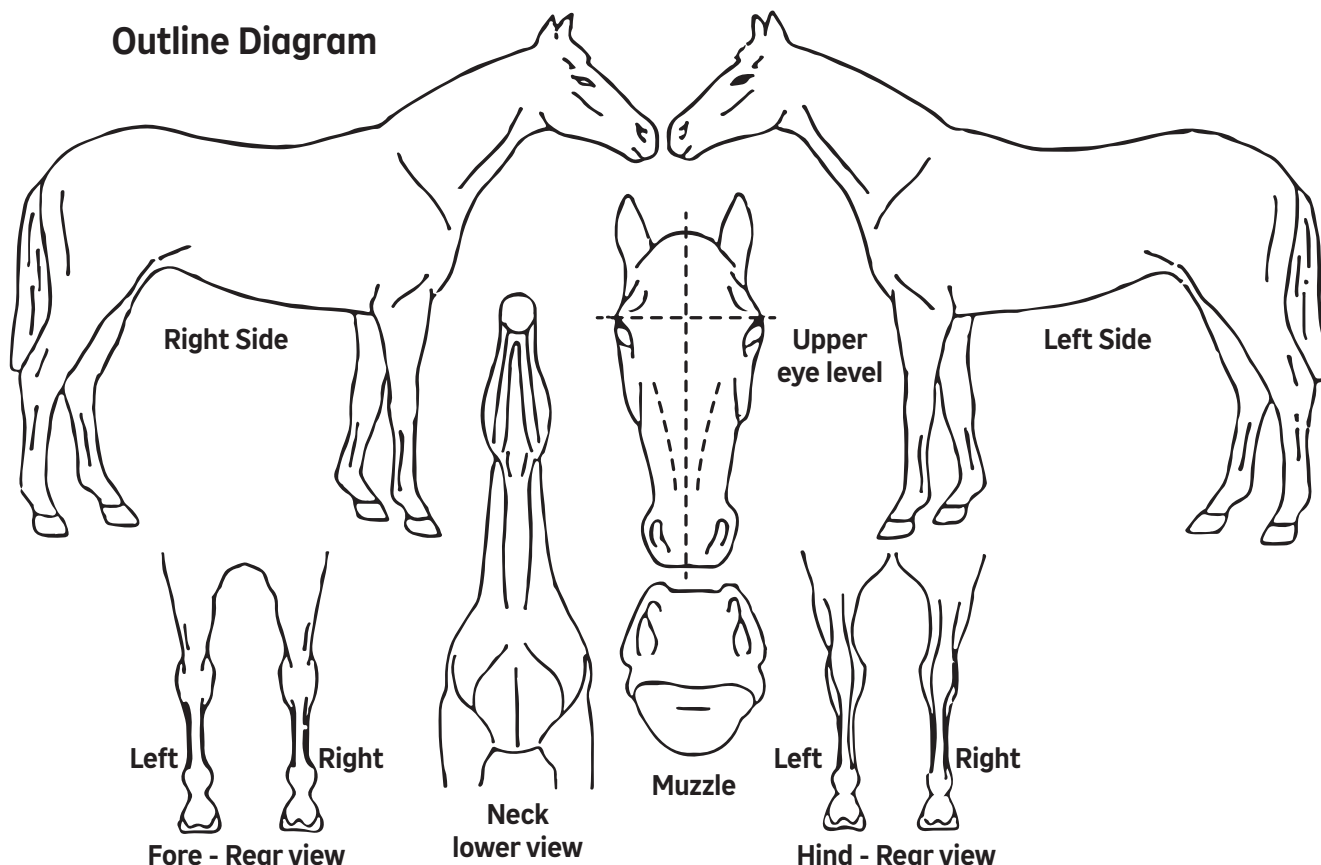
Identification of animal

Horse presented as: _____
Passport number: _____
Breed: _____ Colour: _____
Sex: _____ Stated age: _____

Identifying markings

Draw markings and brands. Mark whorls as * Mark scars with → Mark prophets thumb as ▲

Outline Diagram



Purchaser's Request

Purchaser's name: _____

Phone number: _____

I hereby request that _____ Veterinary Clinic performs a pre-purchase examination on the horse described above.

Proposed purpose for the horse:

I undertake to use this information solely in the pre-purchase evaluation of this horse, and will not divulge this information to any third party, or for any other purpose.

I accept responsibility for payment of veterinary fees associated with this examination.

Signed (Purchaser/agent)

Date

Vendor's Statement

Vendor/Agent's name: _____

Phone number: _____

How long have you been acquainted with this horse? _____

Do you have any knowledge of the following, past or present:

- | | |
|--|--|
| 1. Diseases? | YES ☐ NO ☐ |
| 2. Lameness? | YES ☐ NO ☐ |
| 3. Accidents? | YES ☐ NO ☐ |
| 4. Vices? | YES ☐ NO ☐ |
| 5. Any abnormalities of wind or breathing? | YES ☐ NO ☐ |
| 6. Medication within the last 45 days (exclude routine deworming)? | YES ☐ NO ☐ |

If YES to any of the above, specify details:

For what purpose do you understand the horse is being assessed? _____

Do you have an opinion as to the horse's suitability for this purpose? YES ☐ NO ☐

If YES, please state:

Declaration

I consent to a veterinary examination on the above horse by _____ Veterinary Clinic/Hospital
as part of a pre-sale assessment on behalf of _____.

I understand that this examination may include (strike out if not applicable):

- | | |
|---|---|
| ☐ Physical examination | ☐ Blood/urine collection and testing |
| ☐ X-rays | ☐ Upper airway endoscopy |
| ☐ Internal examination by ultra-sound or palpation | ☐ Other examinations as discussed |

I understand that each examination carries a finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.

Signed (Vendor/agent)

Date

Stage 1 - Preliminary Examination

(Tick if normal; Note abnormalities)

Body condition: ☐ Overweight ☐ Good ☐ Lean ☐ Poor Temperature _____

Stance, attitude and demeanour: _____

Head

Ears: NAD ☐

Eyes: NAD ☐ Symmetry/reflexes/lids/mucous membrane/nictitans/cornea/nasolacrimal opthalmoscopic exam

Nose: NAD ☐ Symmetry/airflow/discharge

Gums: NAD ☐ Mucous membrane

Mandible: NAD ☐ Symmetry

Sinuses: NAD ☐ Symmetry/percussion

Teeth

Estimated age: _____

Wolf teeth: YES ☐ NO ☐

Incisors: NAD ☐

Molars: NAD ☐

Hooks rostral/caudal; weave/step/wry mouth; sharp edges

Integument

Surgical scar: NAD ☐ Laryngoplasty/ventriculectomy/laparotomy/neurectomy/patellar desmotomy/other

Acquired scars: _____

Sarcoids: YES ☐ NO ☐ Location: _____

Melanomata: YES ☐ NO ☐ Location: _____

Pruritis evidence: YES ☐ NO ☐ Location: _____

Other: _____

Cardiovascular System

Heart rate: _____ Auscultation left: NAD ☐

Pulse: _____ Auscultation right: NAD ☐

Respiratory System

Spontaneous cough: YES ☐ NO ☐

Cough reflex: YES ☐ NO ☐

Palpation of larynx & trachea: NAD ☐

Auscultation of thorax: NAD ☐

Urogenital System

Female:

External genitalia: NAD ☐
 Speculum: NAD ☐ Not examined ☐
 Rectal: NAD ☐ Not examined ☐

Male:

Penis: NAD ☐ Not examined ☐
 Scrotum: NAD ☐ Absent ☐
 Testes: NAD ☐ Absent ☐

Nervous System

Slap reflex: YES ☐ NO ☐
 Gait: NAD ☐ Ataxia/pareses/proprioception
 Other: _____

Conformation

Only that which may cause future unsoundness is recorded. No suitability for required purpose can be inferred.

LF _____
 RF _____
 LH _____
 RH _____
 HINDQUARTERS _____

Symmetrically muscled: YES ☐ NO ☐
 Symmetrical tubera sacrale: YES ☐ NO ☐

Musculoskeletal System

LF _____
 RF _____
 LH _____
 RH _____
 BACK _____

Foot Examination

	LF	RF	LH	RH
Shod	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Boxy/upright foot	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Flat/dropped sole	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Flat/collapsed heel	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Sheared heel	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Hoof crack/distortion	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Coronet lesion	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Heel bulb sensation	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

	LF	RF	LH	RH
Hoof testers				
Frog and sole				
Horn quality				
Foot pastern axis				
Symmetry				
Trimming and shoeing				

General Comments:

Stage 2 - Trotting Up

Walk: NAD ☐ Trot: NAD ☐ Circle: NAD ☐
 Reverse: NAD ☐ Tight spin: NAD ☐

Flexion test

LF ☐ Negative ☐ Positive _____
 RF ☐ Negative ☐ Positive _____
 LH ☐ Negative ☐ Positive _____
 RH ☐ Negative ☐ Positive _____

Lunged on soft

LUNGED ON SOFT: YES ☐ NO ☐ Left rein: _____
 Right rein: _____

Lunged on hard

LUNGED ON HARD: YES ☐ NO ☐ Left rein: _____
 Right rein: _____

Stage 3 - Strenuous Exercise

Ridden/Lunged State going: _____
 Walk _____
 Trot _____
 Canter _____
 Gallop _____
 Respiratory noise: YES ☐ NO ☐ ☐ Inspiratory ☐ Expiratory
 Nasal discharge: YES ☐ NO ☐
 Cough: YES ☐ NO ☐
 Post exercise heart rate _____
 Recovery heart rate _____ Auscultation (heart and lungs) NAD ☐

Stage 4 - Rest

Observations

Crib biting: YES ☐ NO ☐

Weaving: YES ☐ NO ☐

Other: _____

Stage 5 - Second trot and foot examination

Walk: NAD ☐

Trot: NAD ☐

Circle: NAD ☐

Lunged on firm surface: YES ☐ NO ☐

Flexion test

LF ☐ Negative ☐ Positive _____

RF ☐ Negative ☐ Positive _____

LH ☐ Negative ☐ Positive _____

RH ☐ Negative ☐ Positive _____

Special Procedures

Endoscopy: ☐ Discussed ☐ Advised ☐ Performed

Radiography: ☐ Discussed ☐ Advised ☐ Performed

Ultrasonography: ☐ Discussed ☐ Advised ☐ Performed

ECG: ☐ Discussed ☐ Advised ☐ Performed

Rectal exam: ☐ Discussed ☐ Advised ☐ Performed

Laboratory (blood/urine): ☐ Discussed ☐ Advised ☐ Performed

Drug screening (blood): ☐ Discussed ☐ Advised ☐ Performed

See attached reports
for results of special examinations

Notes of warranty

The veterinarian makes no determination and expresses no opinion as to the suitability of the animal for the purpose intended. If the buyer wishes warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to the examination, or the animal's existing performance he or she is advised to seek warranty in writing from the seller, as these matters between buyer and seller are not the responsibility of the examining veterinarian.

Limitations and difficulties encountered

(weather, facilities, handler, temperament, etc.)

Record of discussion

☐ In person ☐ Telephone Date: _____ Time: _____

Certificate Issued

Veterinarian _____ Signed _____ Date _____

Specialised Techniques

Radiography

Area Examined	Views Taken	Comment
LF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	
RF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	
LF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, Dpa	
RF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	
LH Mt/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	
RH MtIP JOINT	LM, DL-PaMO, DM-PaLO, Dpa	
L CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	
R CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	
L HOCK	LM, DL-PIMO, PIL-DMO, DPI	
R HOCK	LM, DL-PIMO, PIL-DMO, DPI	
L STIFLE	LMO	
R STIFLE	LMO	
OTHER		

Endoscopy of upper respiratory tract

Comments: _____

Other special techniques

Drug screen – blood _____

Other _____