

**Authorization for Pre-Purchase Examination
To be completed by the seller.**

Date: _____

Location of Horse; Ranch Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Seller's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ -- _____ Intended Use: _____

Color/Markings: _____ Sire: _____

How long have you owned the horse? _____

Who was the previous owner of the horse? _____

As owner / agent (circle one), I declare that the horse above has had no medication in the past three weeks except: _____

I further declare that the above named horse has not had any medical or surgical treatment except: _____

When was the last time this horse had colic? _____

tied up? _____ any lameness? _____

nervous system problems? _____ respiratory disease? _____

Has this horse ever been down or unable to get up for any period of time, or has the horse ever been tested for EPM? _____

Has this horse's family had any problems in their offspring? _____

To my knowledge, the horse does not have any bad habits except: _____

If a mare, is she pregnant? _____

Has there been any alteration to tail carriage of the horse? _____

Vaccination History: _____

De-worming History: _____

Date Last shod/trimmed: _____

I authorize Dr. John Canning DVM to perform a pre-purchase examination on the horse listed above. The examination was requested by _____.

Signature: _____ Date: _____

Owner or Agent (circle one)