



## Pre-purchase Questionnaire (For the Seller)

History as reported by the seller / seller's agent

Name of Horse Owner: \_\_\_\_\_

Agent for the Owner: \_\_\_\_\_

Is Agent or Owner going to be present during the exam? Yes No

Name \_\_\_\_\_

Barn Name \_\_\_\_\_

Age \_\_\_\_\_

Color \_\_\_\_\_

Breed \_\_\_\_\_

Registered? \_\_\_\_\_

Are registration papers  
available? \_\_\_\_\_

Past use of the animal? \_\_\_\_\_

How long has the animal been  
in work? \_\_\_\_\_

While the horse has been in your care, has the animal ever:

Colicked? Yes No

Been lame? Yes No

If so, explain? \_\_\_\_\_

Foundered? Yes No

Tested or treated for EPM? Yes No

Tested or treated for Lymes? Yes No

Had surgery other than castration? Yes No

If so, when and what? \_\_\_\_\_

Any other medical facts? \_\_\_\_\_

When was horse last vaccinated? \_\_\_\_\_

Last wormed? \_\_\_\_\_

Last teeth float? \_\_\_\_\_

Is the horse allergic to any medication? \_\_\_\_\_

Are medical records available for review? Yes No

*Vices*

Kick?	Yes	No	Bite?	Yes	No
Cribbing?	Yes	No	Weaving?	Yes	No
Stall walking?	Yes	No	Buck?	Yes	No
Rear?	Yes	No	Clip, load, tie?	Yes	No

Is the animal currently on any medications? Yes No

Current coggins? Yes No

Has another prepurchase been done in the past 60 days? Yes No