



TRIANGLE EQUINE

MOBILE VETERINARY SERVICES

Office: (919) 460-6300 fax: (919) 460-8720 *info@triangleequine.com*

PRE-PURCHASE SELLER INFORMATION

Date: _____

Seller's Information:

Name:

Email:

Address:

Phone:

Seller's agent:

Buyer's name/Agent:

Phone:

Phone:

Email:

Email:

Horse's Information:

Barn name:

Breed:

Registered Name:

Registration #:

Gender:

USEF#:

Birth date or age:

Tattoo:

Barn name:

Color:

Microchip#:

Amount and type of work this horse has been in:

Has this horse been out of work any significant length of time in the past 2 years? Explain.

****Please be aware that included in our pre-purchase evaluation includes watching the horse go under saddle. Please be prepared to tack up the horse and have an area available to ride for either you or the buyer.**

Questions for Seller:

How long have you owned this horse? _____ (Or how long has it been in your care? _____) When was the last time Strangles was present on your property? _____

Vaccine History:

Please write date last vaccine

Tetanus EEE/WEE/West Nile Rabies Flu/ Rhino Strangles _____ _____

--	--	--	--	--	--	--

Date of last Deworming/ Product: _____

***Please attach a copy of the current Coggins Certificate.**

***Please have your vet forward all medical records to info@triangleequine.com**

Please indicate if this horse has experienced any of the following while you have owned him/her, or to the best of your knowledge prior to your ownership.

- Colic Eye disease Respiratory infection/disease Surgery of any type
- Diarrhea Cough Symptoms of gastric ulcers Lameness

If surgery has been performed? Please elaborate below and provide dates:

Has this horse had any injuries or lameness requiring treatment? Please elaborate and provide dates.

Has this horse had a gastroscopy performed? Please provide date and findings.

Please answer the following questions to the best of your knowledge. If yes, please elaborate and provide dates when applicable.

	Yes	No		Yes	No
Does this horse have any vices?	<input type="checkbox"/>	<input type="checkbox"/>	Has this horse ever had any joints injected?	<input type="checkbox"/>	<input type="checkbox"/>
Is this horse currently on medication of any type?	<input type="checkbox"/>	<input type="checkbox"/>	Have radiographs been take for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Is this horse fed supplements of any type?	<input type="checkbox"/>	<input type="checkbox"/>	Does this horse have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Is this horse currently receiving a nonsteroidal anti-inflammatories (such as Bute)?	<input type="checkbox"/>	<input type="checkbox"/>	Is this horse currently insured?	<input type="checkbox"/>	<input type="checkbox"/>
Is this horse currently receiving an oral or injectable joint supplement?	<input type="checkbox"/>	<input type="checkbox"/>	Has a medical or surgical claim ever been filed for this horse?	<input type="checkbox"/>	<input type="checkbox"/>
When worked during hot weather, does this horse sweat normally?	<input type="checkbox"/>	<input type="checkbox"/>	Has this horse ever been denied insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Does this horse have any problems with head shaking?	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		
Has this horse ever hurt any human or other horse?	<input type="checkbox"/>	<input type="checkbox"/>			

Mare-Specific Questions

Has she ever been bred?

Yes No

How many times was she bred before she conceived?

How many foals has this mare delivered?

Alive _____

Dead _____

Died during the first month of life _____

Has she ever been diagnosed with a uterine infection?

Yes No

Has she had a uterine biopsy?

Yes No

Anything else of note:

Stallion-Specific Questions

Has he ever had a problem with fertility?

Yes No

Has his semen ever been examined?

Yes No

Are there any problems with libido?

Yes No

Gelding-Specific Questions:

Have both testicles been removed?

Yes No

I certify that the information I am providing regarding the horse described above is true and accurate. I also certify that no medications have been administered to this horse within the last 72 hours.

Signature of Seller/Agent: _____

Date: _____