



HEARTLAND EQUINE HOSPITAL

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Phone: 913.287.7575 www.HeartlandEquineHospital.com

Pre-Purchase Examination

To be completed by the seller:

Seller Information	
Seller Name:	
Address:	
Phone Number:	
Agent Name:	
Address:	
Phone Number:	
Veterinarian:	
Past/Current Use of Horse:	

Horse Information			
Registered Name		Breed	
Barn Name		Gender	
Age		Height/Weight	
Color/Markings		Tattoo/Brand	
Location of Vet Records		Duration of Ownership	

Medical History			
	Yes	No	Explanation
Has this horse had a recent negative Coggins test?			
Has this horse ever had colic?			
Does this horse have any history of lameness or other orthopedic problems?			
Has this horse ever had X-rays taken?			
Does this horse have any history of neurologic disease?			
Has this horse ever had respiratory disease?			
Has this horse taken any medication in the last 60 days?			

Medical History			
	Yes	No	Explanation
Has this horse ever tied up?			
Has this horse ever had surgery?			
Has this horse ever been bred? Did a pregnancy result?			
Is this horse pregnant (if mare)?			
Does this horse have any bad habits/stable vices (cribbing, wind-sucking, weaving, biting, etc.)?			
Has this horse ever had a vaccine reaction?			

Medical History	
Please list vaccinations and deworming for the last 12 months:	
Please describe feed and supplements for the last 12 months:	
Please describe training/performance history:	
Please describe work level in the last month and the date/activity of last competition:	
When was this horse last trimmed or shod?	
Where is this horse kept? Pasture/Dry Lot/Stable/etc.	
Please describe veterinary examinations/treatments/medications in the last 12 months:	

The statements above are true and complete to the best of my knowledge. This horse has not received any medication of any kind in the last three weeks (except as mentioned above).

Signature of Seller: _____ **Date:** _____