



OLD WATERLOO EQUINE CLINIC

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Tena E. Boyd DVM

Alisha N. Oehling, DVM

Please complete each line on this form & return to our office by fax or email BEFORE the Examination appointment

SELLER: AGREEMENTS and INFORMATION REGARDING PRE-PURCHASE EXAMINATION

I, _____, am the SELLER and present owner of the horse named below.

Seller Address _____

Email _____ Tel _____ Fax _____

Seller's authorization for an AGENT to act on the Seller's behalf

I hereby grant authority to _____ to act as my Agent regarding all aspects of the Pre-Purchase Examination of the horse named on this form. **Seller's signature** _____

Agent Information

Agent Address _____

Agent Email _____ Agent Tel _____ Agent Fax _____

PATIENT INFORMATION

Name _____ Age _____ Breed _____ Sex M F G Color _____

Registration/Microchip # _____ Tattoo _____ Height _____

Present Use _____

Duration present ownership _____ Duration present custody/care _____

Current Competition level & last competition date: _____ Unknown

Last vaccinations (note month/year) _____ History of vaccinations is unknown

_____ Eastern-Western Encephalitis/Tetanus _____ Potomac Horse Fever _____ West Nile Virus

_____ Rhinopneumonitis/Influenza _____ Strangle _____ Rabies _____ Botulism

Last De-worming (Date & product) _____ De-worming history unknown

Has insurance coverage ever been denied? (Circle one): No Not to my knowledge Yes

If coverage denied, reason for denial _____

Behavioral Problems or concerns: None Yes: _____

Medical episodes: None Unknown Yes: _____

Surgical episodes: None Unknown Yes: _____

Lameness episodes: None Unknown Yes: _____

HYPP certification (circle one) Unknown Negative/Negative Negative/Positive Positive/Positive

Reproductive history/Mare _____ _____ Not applicable

Possible current pregnancy? Yes No **History of infertility?** No Not Known Yes _____

Reproductive history/Stallion _____ _____ Not applicable

History of infertility? No Not Known Yes: _____

Corrective Shoeing: No Not Known Yes: _____

Current Diet: _____

Supplements: No Not Known Yes: _____

Medications used to assist performance: None Yes: _____

Is horse possibly under effects of any medication at this time? No Yes

If yes, specify: _____

Veterinarian of record _____

Email _____

Tel _____

Farrrier of record _____

Email _____

Tel _____

I hereby authorize _____ to perform a Pre-Purchase Examination of the horse named on this document. I understand and agree that:

- The Pre-Purchase Examination will include physical examination; it may also include diagnostic and ancillary services recommended by _____ and approved by the Prospective Buyer or designated Agent of the Prospective Buyer.
- I consent to use of sedation, clipping and/or pulling of shoes as deemed necessary by _____ in the course of the Pre-Purchase Examination.
- I consent to the release of all medical records pertaining to the horse named on this document to the Prospective Buyer and Old Waterloo Equine Clinic; such records include those records available from any veterinarian(s) and farrier(s) of record
- If I (or my Agent) arrange for someone to ride, drive and/or handle the horse named on this document for the Pre-Purchase Examination, I understand that person must be 18 years of age or older and must sign *Release of Liability* at the appointment before the Pre-Purchase Examination can begin.
- I hereby release Old Waterloo Equine Clinic and any veterinarians, employees and principals of Old Waterloo Equine, from any consequences of the Pre-Purchase Examination to any humans, animals or property.

**I am 18 years of age or older and have the authority to execute this document.
To the best of my knowledge, the information I provided on this document is true.**

Date/Time

Signature: Seller or Seller's Agent

Printed Name: Seller or Seller' Agent