



Horse: _____ Purchaser: _____

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PREPURCHASE EXAMINATION NOTES

Horse: _____ Age: _____ Sex: _____
 Color/Description: _____
 Exam Date: _____ Time: _____ Location: _____
 Seller: _____ How long owned: _____
 Seller's current use(s): _____
 Purchaser: _____ Is Purchaser present? Yes ___ No ___
 Purchaser's intended use(s): _____

Purchaser & Seller Statement

This examination is intended to assist a prospective Purchaser: No warranties are made by the examiner. **Examination** is done **at the request of, at the expense of, and for the use of** the Purchaser only. All comments, findings and recommendations made by the examiner are made in his/her opinion and to the best of his/her knowledge at the time of examination. To avoid the attached stigma of "sound or unsound," recommendations are made in regard to intended use only, as a horse unsound for one use may be serviceably sound for another use.

Many subtle internal medical or musculoskeletal problems are difficult to diagnose or will go unrecognized on our routine prepurchase examination. Recurrent colics, tying up, intermittent heaves, epistaxis, pregnancy, impaired vision, non-sweaters (anhidrosis), and subtle transitory lamenesses are some of the occasional conditions missed on these exams. If the Purchaser has ridden this horse in the occupation and at the intensity it is being purchased for, many of the above conditions could be recognized or ruled out.

Is Seller present? Yes ___ No ___ Questions below are to be completed by Seller.
If Seller is not present, Purchaser should contact Seller to have the following questions answered.

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. Has Horse had a negative Coggins test in the last 12 months?
Yes ___ No ___ | 2. Has Horse had any medications in the last week?
Yes ___ No ___ |
| 3. Have any surgeries been performed on Horse?
Yes ___ No ___ | 4. If mare, is she in-foal or has been exposed to a stallion in last year?
Yes ___ No ___ |
| 5. Any past breeding or foaling problems?
Yes ___ No ___ | 6. Any history of respiratory problems or bleeding?
Yes ___ No ___ |
| 7. Any vices or objectionable habits?
Yes ___ No ___ | 8. Any other pertinent medical history?
Yes ___ No ___ |

If 'Yes' answered on Seller's Statement questions #2 through 8, please elaborate here:

Seller's Signature _____ Date _____