



# 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:

Microchip#:

Color:

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 is an short under saddle portion.  
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      \_\_\_\_\_      \_\_\_\_\_

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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](mailto: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:

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

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

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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:** \_\_\_\_\_