



KAMLOOPS LARGE ANIMAL

VETERINARY CLINIC

PREPURCHASE FORM - SELLER

Contact Information

Contact Name: _____

Phone Number: _____

Email Address: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Horse Information:

Horse Registered Name: _____

Horse Barn Name: _____

Gender: _____ Age: _____ Breed: _____

Use/Function: _____

Colour: _____ Markings: _____

Brand/Tattoo: _____

Horse History:

History Provided By: _____

How Long Have You Been Acquainted With This Animal? _____

How Long Has This Animal Been Under Your Care? _____

Is This Horse Currently In Work: _____ How Often/Comments: _____

Has The Horse Been Worked The Day Of The Exam? _____ Date of Last Coggins Test: _____

Date of Last Deworming and Product Used to Deworm: _____

Date of Last Vaccination and Product Used to Vaccinate: _____

FEI Passport: _____ Date of Last Dental Care: _____

Date of Last Hoof Trimming/Shoeing: _____



Horse History Continued:

Do You Have Any Knowledge Past Or Present Of the Following:

Colic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lameness Of Founder:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disease:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Coughing or Nasal Bleed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radiographs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vices:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Use of Medication:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blemishes/Scars:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breeding or Foaling Problems:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'Yes' to any of the above, please give more details:

Do you understand the intended use of the horse by the buyer?

In your opinion, what is this horses suitability for the proposed use:

Unique Exceptional Adequate No Opinion

Permissions

I give permission for the performance of any tests considered necessary by the examining veterinarian and agree to hold him or her harmless for the consequences thereof.

I give permission to release the veterinary history of this horse to the potential buyer.

I give permission to have invasive procedures done if needed. These procedures may include: sedation for a complete dental exam, the drawing of blood for Coggins Testing, NSAID testing, radiographs and a reproductive exam if warranted.

I give permission to remove the shoes on this horse for radiographs.

Date: _____ Signature: _____

**PLEASE RETURN THIS FORM TO RECEPTION@KLAVC.CA
PRIOR TO YOUR SCHEDULED PREPURCHASE EXAM**

THANK YOU