



**In Preparation for the Up-Coming Pre-Purchase Evaluation, Please Complete this Questionnaire**

**Horse:** Registered Name: \_\_\_\_\_ Barn Name: \_\_\_\_\_  
Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

**Seller:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**Agent (if applicable):**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Date of most recent:** Vaccinations (type and date) \_\_\_\_\_  
De-worming \_\_\_\_\_  
Coggins Test \_\_\_\_\_

**Performed by which veterinarian:** \_\_\_\_\_

**Please list any and all oral supplements given, include amount and frequency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the horse received any NSAID drugs (Phenylbutazone, Banamine, Equioxx, Naproxen, etc) in the last 30 days? If so, please list along with the reason(s) and date(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the horse received any other medications in the last 30 days? If so, please list which medication(s) and the date(s) given:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the horse require any "maintenance" (joint injections, shock wave therapy, acupuncture, chiropractor, etc) in order to do her/his job? If so, please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the horse had any major illness, injury or surgery in the past? If so, please list along with the date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge**

**Signature Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_