



### Pre – Purchase Exam

Dr. \_\_\_\_\_ of Georgian Bay Equine Veterinary Services will perform a pre-purchase examination of \_\_\_\_\_ (horse's name) on or around \_\_\_\_\_ (date) for \_\_\_\_\_ (buyer). The scope of the examination and the selection of diagnostic test chosen shall be determined by the buyer in consultation with Georgian Bay Equine Veterinary Services. \_\_\_\_\_ (Dr.) will provide you with information regarding any existing medical problems and the horse's overall health and condition on the given day of the examination. The examination is not intended to be used as a prognosis for future health, soundness or a warranty for the horse's suitability for any future use or purpose. The veterinarian's job is neither to pass nor fail the animal being examined. The determination by the buyer to purchase the animal examined is solely the buyer's choice and responsibility.

The buyer should be aware that this examination does not encompass an in-depth evaluation of the horse's temperament, ability or aptitude for a particular discipline. It describes the horse's health and soundness on the day of examination. A routine pre-purchase examination may not reveal subtle unsoundness. Mild vision impairment, early PPID ("Cushing's Disease"), digestive disorders, predisposing to colic signs, muscle disorders such as equine polysaccharide storage myopathy ("tying up"), respiratory allergies not apparent on the day of examination among other subclinical conditions that may not be apparent during an examination.

I have read and understand the scope and limitations of the pre-purchase examination.

Signature of Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_



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**Pre-Purchase Examination**

**Purchaser**

<b>Purchaser Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>e-mail address:</b>			
<b>Intended use of horse:</b>			
<b>Trainer:</b>		<b>Contact:</b>	

**Horse**

<b>Registered Name:</b>		<b>Barn Name:</b>					
<b>Age:</b>		<b>Sex:</b>		<b>Breed:</b>		<b>Colour:</b>	
<b>Is the horse to be insured?</b>							
<b>Does the buyer have any specific concerns regarding the health or soundness of this horse?</b>							

**Seller**

<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Email Address</b>			
<b>How long have you owned this horse?</b>			

**History**

<b>Horses Current /Past Use and Level?</b>	
<b>Date of Last Vaccination (specify vaccine)</b>	
<b>Any known history of vaccine reaction?</b>	
<b>Last know dental exam/float:</b>	
<b>Date of Last Deworming /product:</b>	
<b>Date of last trim/shoeing:</b>	
<b>Is there any history of medical problems?</b>	



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<b>i.e.: Neurological, colic, respiratory disease, "tied up", etc.</b>	
<b>Has the horse had any joints injected? If so when?</b>	
<b>Has the horse ever had x-rays taken?</b>	
<b>Does the horse have any vices? (cribbing, wind-sucking, weaving, biting)</b>	
<b>Has this horse had a recent negative Coggins?</b>	
<b>Has this horse ever had surgery?</b>	
<b>Has this horse ever been used for breeding?</b>	
<b>Did a pregnancy result?</b>	
<b>Is this horse pregnant (if mare)?</b>	

The statements above are true and complete to the best of my knowledge. This horse had not received any medication of any kind in the last three weeks (except as mentioned above).

History provided by: \_\_\_\_\_ Owner/trainer/other:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_



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**Physical Examination:**

WNL = Within Normal Limits

N = Normal

N/A = Not applicable

NSF = No Significant Findings

N/E = not examined

\* = At buyer's request (additional fees)

<b>Date of Exam:</b>		<b>Time of Exam:</b>	
<b>Exam Location:</b>		<b>Performed By:</b>	
<b>People Present:</b>		<b>Conflict of Interest Noted?</b>	
<b>Are both parties in agreement to perform the exam?</b>			

<b>Temperature</b>		<b>Pulse</b>		<b>Resp Rate</b>	
<b>MM</b>		<b>CRT</b>		<b>BCS</b>	

**Dental Exam**

<b>Wolf teeth</b>		<b>Bite</b>	
<b>Incisors:</b>		<b>Tongue</b>	
<b>Evidence of cribbing</b>		<b>Approx. age by dental exam:</b>	
<b>Recommendations:</b>			

**Ophthalmic Exam:**

<b>Fundoscopy Exam:</b>		<b>Pupillary reflexes</b>	
<b>Menace response:</b>		<b>Conjunctiva/Nictitans:</b>	
<b>Direct exam:</b>			
<b>Notes:</b>			

**Ears:**

<b>Direct Exam</b>		<b>Dermatosis</b>	
<b>Notes</b>			

**Auscultation:**

	<b>At Rest</b>	<b>After Work</b>
<b>Heart</b>		
<b>Thorax</b>		
<b>Trachea</b>		



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<b>Abdomen</b>		
<b>Comments</b>		

**Dermatologic Exam:**

<b>Direct Exam</b>	
<b>Tumors/warts/lumps</b>	
<b>Hair coat</b>	
<b>Presence of Surgical Scars:</b>	
<b>External Genitalia</b>	

**Other:**

<b>Conformation:</b>	
<b>Palpation of Neck and Back</b>	
<b>Vices/habits</b>	
<b>Attitude/personality</b>	

**Examination of Limbs:**

<b>Left Front:</b>	
Tendons & Ligaments:	
Joint Effusion:	
Hoof Tester Response:	
Comments:	

<b>Right Front:</b>	
Tendons & Ligaments:	
Joint Effusion:	
Hoof Tester Response:	
Comments:	

<b>Left Hind:</b>	
Tendons & Ligaments:	
Joint Effusion:	
Hoof Tester Response:	



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Comments:	
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<b>Right Hind:</b>	
Tendons & Ligaments:	
Joint Effusion:	
Hoof Tester Response:	
Comments:	

**Lameness Evaluation:**

Type of Surface:	
Straight line	
Right Circle	
Left Circle	

**Flexion Tests:**

LF:	Lower Limb		Carpal:	
RF:	Lower Limb		Carpal:	
LH:	Upper Limb		Lower Limb:	
RH:	Upper Limb		Lower Limb:	

Other:

**Neuro:**

Placing		Abduction	
Backing		Cranial Nerves	
Tail Sway/Tone		Evidence of palmar digital neurectomy	
Comments:			

**\*Radiographs:**

Views Requested	Findings



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**\*Additional Diagnostics:**

**\*Bloodwork (Coggin, Drug panel, CBC, Chemistry):**

**\*Fecal:**

**\*Endoscopy:**



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**Summary of Findings** (Include date, time, method of communication):

Based on the examination performed today, \_\_\_\_\_(Date)The above opinion of Dr. \_\_\_\_\_ is based on information available at this time. The exam is not a guarantee of future soundness, but a professional estimate of the suitability of the horse for the intended use. Warranty of performance ability, temperament, freedom of vices, and non-administration of drugs prior to exam are at the buyer's discretion from the seller. It is always possible that subtle internal or musculoskeletal abnormalities may not be recognized during a routine pre-purchase exam. The above findings were determined using a thorough, systematic physical exam and any diagnostic approved during the exam.

Thank you for choosing Georgian Bay Equine Services for this pre-purchase examination. Should you have any further questions, please contact Dr. \_\_\_\_\_ at (519)599-2100.

**Dr.**

**Date:**