



**JACKSONVILLE EQUINE ASSOCIATES / SOUTHERN GEORGIA EQUINE**  
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*Alan Weldon DVM Dipl ACVIM Board Certified Internal Medicine Specialist*  
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**SELLER PRE-PURCHASE EXAMINATION STATEMENT**

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

Name of Seller: Owner/Agent/Barn Manager/Rider \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse's Registered Name: \_\_\_\_\_ Horse's Barn Name \_\_\_\_\_

Horse's Registration #: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Tattoo/Brand \_\_\_\_\_ Microchip # \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How are you acquainted with this horse? \_\_\_\_\_

For how long? \_\_\_\_\_

Has this horse been out of work recently? \_\_\_\_\_

For how long? \_\_\_\_\_

Current use of Horse: \_\_\_\_\_

Amount of time this horse is worked: \_\_\_\_\_

Has this horse ever had an abnormality on a previous exam? \_\_\_\_\_

Has this horse ever had radiographs? \_\_\_\_\_

Has this horse ever had joint injections? \_\_\_\_\_ Which joints? \_\_\_\_\_

Does this horse have a history of colic? \_\_\_\_\_ Colic Surgery? \_\_\_\_\_

Has this horse ever been diagnosed with gastric ulcers? \_\_\_\_\_

Has this horse had Spinal Manipulation done? \_\_\_\_\_

Has this horse had Acupuncture? \_\_\_\_\_ For what reason? \_\_\_\_\_

Is this currently insured? \_\_\_\_\_ Has this horse ever been denied insurance? \_\_\_\_\_

Has there ever been a medical or surgical insurance claim on this horse? \_\_\_\_\_

MARE: Has this horse been bred? \_\_\_\_\_ Is this horse in foal now? \_\_\_\_\_ When due? \_\_\_\_\_

Live foals \_\_\_\_\_ Stillborn foals \_\_\_\_\_ Lost pregnancies \_\_\_\_\_ Has she had any uterine infections? \_\_\_\_\_

STALLION: Problems with libido? \_\_\_\_\_ Has his semen ever been examined? \_\_\_\_\_

GELDING: Normal Castration? \_\_\_\_\_ Crypt-orchid? \_\_\_\_\_ Were both testicles removed? \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

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

Do you have any knowledge of any problems past or present with this horse? If "Yes", please explain below.

Lameness _____	Tying Up _____
Surgeries _____	Ophthalmic _____
Breeding _____	Foaling Issues _____
Anhidrosis _____	EPM _____
Stifle _____	HYPH _____
Allergies _____	Coughing _____
Breathing _____	Diseases Not listed _____

Please list any VICES of this horse that you are aware of:

Cribbing _____	Windsucking _____
Weaving _____	Head Shaking _____
Stall Walking _____	Pacing _____
Biting _____	Tying _____
Refusal to load _____	Pawing _____
Digging _____	

When was Horse Dewormed last? \_\_\_\_\_ What type of Dewormer? \_\_\_\_\_  
 Date of last visit from Farrier \_\_\_\_\_  
 Trimmed \_\_\_\_\_ Shoes \_\_\_\_\_ Hot or Cold Shoeing \_\_\_\_\_ Front or Back or All Around \_\_\_\_\_  
 Corrective Shoeing? \_\_\_\_\_ What kind? \_\_\_\_\_  
 Thrush \_\_\_\_\_ White Line \_\_\_\_\_ Cracked Hooves \_\_\_\_\_  
 Does this horse have a history of abscesses? \_\_\_\_\_ How often? \_\_\_\_\_

History of Vaccinations:

EWT \_\_\_\_\_ EWTFR \_\_\_\_\_ WN \_\_\_\_\_ Rabies \_\_\_\_\_  
 Potomac \_\_\_\_\_ Strep \_\_\_\_\_ Anything not listed \_\_\_\_\_

COGGINS: \_\_\_\_\_

MEDICATIONS:

Is this horse on any medications or supplements? Please list below if not on list.

Bute \_\_\_\_\_ How often? \_\_\_\_\_ Dosage \_\_\_\_\_

Adequan \_\_\_\_\_ Legend \_\_\_\_\_ Pentosan \_\_\_\_\_

List any type of Medication or Supplements this horse has been given in the last year.

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**SELLERS ACKNOWLEDGEMENT OF PRE-PURCHASE EXAMINATION**

- ❖ There is a potential conflict of interest when a veterinarian from our office examines a horse owned by another one of our clients. The seller must understand that the veterinarian will be performing the exam on the horse, for the interest of the buyer. We are hired by the buyer, and agree to give only the buyer the results of our examination. Because the horse is also under our Veterinary care, we must disclose all information that we have to the buyer. This puts our practice in a difficult position, and we prefer not to enter into this agreement when there is a chance our findings could cause us to lose a client.
  
- ❖ I, the undersigned, certify that I am the Owner/Agent/Barn Manager/Rider, am authorized to give consent of the examination procedures to be performed by a Veterinarian from Jacksonville Equine Associates/Southern Georgia Equine for the purpose of determining the health status of the horse listed above prior to sale.
  
- ❖ The Authorization is given by signature releases Jacksonville Equine Associates/Southern Georgia Equine and all of the employees to disclose to the prospective buyer all medical records available concerning the horse listed above.
  
- ❖ The seller must also realize that all information obtained during the examination and discussions related to the findings are privileged information between the Veterinarian and the Purchaser, or the buying agent. The information can only be made available to the seller with the consent of the buyer.
  
- ❖ The signature of the seller indicates the seller has read these statements and agrees to hold harmless Jacksonville Equine Associates/Southern Georgia Equine and its employee's harmless, and the examining Veterinarian from any real or perceived loss in the present or future value of the horse as the result the examination and the opinions rendered therein.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Printed name of Seller \_\_\_\_\_

\*I hereby agree that typing my name into the box below constitutes as my legal signature and that the above information is true and comprehensive to the best of my knowledge.

Signature of Seller \_\_\_\_\_