



g r a n d p r i x e q u i n e

Purchase Exam History

To be filled out by Seller or Agent

Buyer Name: _____ Buyer Phone #: _____

Seller Name: _____ Seller Phone #: _____

Agent Name: _____ Agent Phone #: _____

Show/Barn Name of Horse: _____

Age: _____ Breed: _____ Sex: _____ Color: _____

How long have you owned/known the horse: _____ Date of last Coggins Test: _____

When was the horse last vaccinated: _____ De-wormed: _____

Current use of horse: _____

Amount of work horse is currently in:

Days per week: _____ Approximate # of minutes per ride/workout: _____

Has horse been of out work for greater than 1 month in the past 2 years: _____

If YES, please explain: _____

Name of veterinarian the horse's care has been under: _____



g r a n d p r i x e q u i n e

Please check YES or NO to the following questions:

- | | | |
|---|-----|----|
| • Have you had a lameness that required workup? | YES | NO |
| • Does the horse have any current medical problems? | YES | NO |
| • Do you know of any past medical problems? | YES | NO |
| • Does the horse have any vices? | YES | NO |
| • Has the horse ever had surgery? | YES | NO |
| • Is the horse currently on any medications? | YES | NO |
| • Is the horse currently on any supplements? | YES | NO |
| • Has the horse had any joint injections? | YES | NO |
| • Has the horse had any Opshos or Tildren? | YES | NO |

If YES to any of the above questions, please explain: _____

I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I have answered all of the above information on this document honestly and to the best of my knowledge. I hereby grant my consent to allow the examination procedures to be performed by Grand Prix Equine for the purpose of determining the health status of the horse listed above prior to sale.

All parties that have contributed to this form must sign below:

Signature of Seller/Agent: _____

Date: _____

Signature of Seller/Agent: _____

Date: _____