PREPURCHASE EXAMINATION
HILL COUNTRY EQUINE
DAVID M. DUTTON, D.V.M., DIPLOMATE, ACVS

Owner/Agent please fill out the following completely:

Date _____ Location _____
Seller _____ Horse's Name _____
Address _____ Breed _____
City/State _____ Sex _____ Age _____ Tattoo _____
Phone _____ Color _____
Markings/Brands _____
Current and Past Use of Horse _____

1. How long have you owned the horse? _____
2. Who was the previous owner of the horse? _____
3. As owner/agent, I declare that the above named horse has not had any medication in the past four weeks except: _____

_____

4. Has the horse ever been on any medication? _____
5. I further declare that the above-named horse has not had any medical or surgical treatments except: _____
6. When was the late time this horse coliced? _____
   Tied up? _____
   Any lameness? _____
   Nervous system problems? _____
   Respiratory disease? _____
7. To my knowledge, the horse does not have any bad habits except: _____

_____

8. If a mare, is she pregnant? _____ Previous Foals? _____
9. Coggins Date: _____ Result _____ Accession Number _____
10. Vaccination History (Dates): Rhino/Influenza _____ West Nile _____
    Rabies _____ VEWT _____ Strangles _____ Other _____
11. Deworming History (Product and Date) _____
12. Additional comments from seller: _____

_____

_____

I certify that I am the owner, or duly authorized agent for the owner, of the above-described horse. I hereby grant my consent to allow the examination procedures to be performed for the purpose of determining the horse's health and physical status prior to sale.

_____ _____
Signature or Seller or Agent Date