

PRE-PURCHASE & SOUNDNESS EXAMINATION

PANORAMA EQUINE MEDICAL & SURGICAL CENTER

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SELLER'S STATEMENT PRIOR TO EXAMINATION

Seller's Name: _____ Phone: _____

Seller's Address: _____

City: _____ State: _____ ZIP: _____

Horses Age: _____ Birth Date: _____

How long have you been acquainted with this animal? _____

Do you have ANY knowledge of the following in the present or past? If yes, explain below.

Diseases Yes _____ No _____ **Lameness** Yes _____ No _____

Treatments Yes _____ No _____ **Disabilities** Yes _____ No _____

Medications Yes _____ No _____ **Eccentricities** Yes _____ No _____

Explanations: _____

Does this horse pull back when tied? No _____ Yes _____

What is this horse's vaccination history?

<u>VACCINATION</u>	<u>DATE</u>	<u>VACCINATION</u>	<u>DATE</u>
Rabies	_____	4-Way/3-Way	_____
Rhino	_____	West Nile Virus	_____
Strangles	_____	Flu/Rhino	_____
Tetanus Toxoid	_____	Tetanus Antitoxin	_____

What is this horses de-worming history? De-Wormer: _____ Date: _____

Mares Reproductive History: Foaling: _____

Ovarian or Uterine Problems? _____

Environment in which horse is kept: _____

Do you have any knowledge of past performances of this animal for the proposed use? _____

Do you have a personal estimate of the suitability of this animal for this purpose?

Unique _____ Exceptional _____ Adequate _____ No Opinion _____

Signature of Seller: _____ Date: _____