



**VENDOR STATEMENT - PREPURCHASE EXAMINATION**

Vendor's/agents name: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact number: \_\_\_\_\_  
How long have you been acquainted with this horse? \_\_\_\_\_

Do you have knowledge of any of the following, past or present?(please circle) If yes, please give details:

|     |  |           |         |         |         |                     |                   |
|-----|--|-----------|---------|---------|---------|---------------------|-------------------|
| 1)  | Heritable Disorder?                                    | Yes       | No      | Unknown |         |                     |                   |
| 2)  | Diseases?  | Yes       | No      |         |         |                     |                   |
| 3)  | Accidents?   | Yes       | No      |         |         |                     |                   |
| 4)  | Any previous eye disease, trauma or impaired vision?   | Yes       | No      |         |         |                     |                   |
| 5)  | Lameness?  | Yes       | No      |         |         |                     |                   |
| 6)  | Head shaking, stringhalt or locking stifle?            | Yes       | No      |         |         |                     |                   |
| 7)  | Vices? eg windsucks, weaves, bites, kicks, bucks etc   | Yes       | No      |         |         |                     |                   |
| 8)  | Abnormalities of breathing at rest or during exercise? | Yes       | No      |         |         |                     |                   |
| 9)  | Surgical procedure (colic surgery, orthopedic etc.)    | Yes       | No      |         |         |                     |                   |
| 10) | Vaccinations administered (please tick)                | Strangles | Tetanus | Herpes  | Equity* | Hendra (Date _____) | Other #OTHERNAME# |

Any additional details?: \_\_\_\_\_  
For what purpose do you understand the horse is being assessed?: \_\_\_\_\_  
Do you have an opinion as to the horses suitability for this purpose \_\_\_\_\_ Yes / No  
Is yes please state \_\_\_\_\_

**DECLARATION**

*I consent to a veterinary examination on the above horse by \_\_\_\_\_ as part of a pre-sale assessment on behalf of \_\_\_\_\_*

*I understand that this examination may include (strike out if not applicable)*

|  |                        |   |                    |
|--|------------------------|---|--------------------|
| Physical examination                   | X-Rays                 | Internal Examination by ultrasound or palpation | Use of a mouth gag |
| Blood and urine collection and testing | Upper airway endoscopy | Other examinations as discussed                 | Lungeing           |

**I understand that sedatives may need to be administered to the horse in order to conduct parts of the examination safely. I also understand that each examination carries finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.**

Signed: Vendor/Agent \_\_\_\_\_ Date: \_\_\_\_\_