

ANGELA N. CHENAULT, D.V.M.
LA PALOMA EQUINE CLINIC
P.O. BOX 30
34626 BRUMLOW ROAD
WALLER, TEXAS 77484
936-931-9100

SELLER'S STATEMENT AND CONSENT TO PERFORM PRE-PURCHASE EXAM

ANIMALS NAME: _____ COLOR: _____ AGE: _____ SEX: _____

BRANDS: _____ TATTOO: _____ BREED: _____

MARKINGS: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CO-OWNER: _____

AGENT'S NAME: _____ PHONE: _____

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THIS HORSE? _____

DO YOU HAVE KNOWLEDGE OF ANY LAMENESS OR DISEASE PROCESS AFFECTING THIS HORSE'S PERFORMANCE IN THE PAST YEARS? _____

IF SO, EXPLAIN: _____

MEDICAL OR SURGICAL TREATMENTS WITHIN THE PAST YEARS SINCE YOU HAVE KNOWN OR OWNED THIS HORSE? _____

HAS THIS HORSE BEEN TREATED BY ANY HORSE SHOW VETERINARIANS? _____

IF SO, GIVE NAME(S) OF VETERINARIAN(S): _____

VICES? _____

DISABILITIES? _____

IDIOSYNCRACIES? _____

DO YOU HAVE KNOWLEDGE OF PROSPECTIVE BUYER'S USE OF THIS ANIMAL? _____

IF MARE OR STALLION/ANY HISTORY OF BREEDING PROBLEMS OR INFERTILITY? _____

LAST VACCINATIONS? _____

LAST WORMING? _____ (WERE THE ABOVE PROCEDURES
PERFORMED BY VETERINARIAN? _____ OWNER? _____)

LAST COGGINS? _____ RESULTS: _____ DATE: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE RESPONSES TO ITEMS ASKED. I FURTHER CERTIFY THAT I AM THE OWNER, OR DULY AUTHORIZED AGENT FOR THE ABOVE DESCRIBED ANIMAL. I HEREBY GRANT MY CONSENT TO THE EXAMINATION OF ABOVE NAMED HORSE(S) BY **ANGELA N. CHENAULT, D.V.M./LA PALOMA EQUINE CLINIC**, FOR THE PURPOSE OF DETERMINING THE STATUS OF (HORSE'S NAME) _____ HEALTH PRIOR TO SALE.

HORSE'S NAME: _____ (SAME AS PAGE 1)

OWNER'S NAME OR AGENT: _____ (SAME AS PAGE 1)

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE DESCRIBED HORSE HAS NOT BEEN TREATED WITH ANY ORAL, INTRAVENOUS, SUBCUTANEOUS OR INTRAMUSCULAR DRUGS WITHIN 10 DAYS OF THE TIME OF THIS EXAMINATION EXCEPT ROUTINE VACCINATIONS OR WORMING COMPOUNDS? _____

IF THE HORSE HAS HAD MEDICATION, PLEASE LIST DRUG, AMOUNT, DATE AND TIME:

I HEREBY AUTHORIZE / DO NOT AUTHORIZE THE RELEASE OF INFORMATION ON THIS HORSE'S PREVIOUS MEDICAL RECORDS TO: **ANGELA N. CHENAULT, D.V.M./LA PALOMA EQUINE CLINIC**

FROM NAME OF REGULAR VETERINARIAN (PLEASE CIRCLE ONE): **I DO OR I DO NOT**

PLEASE LIST REGULAR VETERINARIAN: _____

SIGNATURE OF SELLER OR AGENT FOR SELLER

DATE

SIGNATURE OF CO-OWNER OR AGENT (IF APPLICABLE)

PLEASE READ THIS CAREFULLY AND ANSWER THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. THIS QUESTIONNAIRE IS YOUR STATEMENT OF THIS HORSE'S MEDICAL HISTORY. THIS HORSE WILL BE RIDDEN AND EXAMINED UNDER SADDLE AND FLEXIONS WILL BE PERFORMED WITH A RIDER UP.