



**Southern Equine Service**  
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**EQUINE PREPURCHASE EXAM WORKSHEET**

**HANDLER**

I, \_\_\_\_\_, hereby certify that I am authorized to present the horse described below to  
 Dr. \_\_\_\_\_ for a prepurchase examination.

\_\_\_\_\_  
 Signature of Handler

**To be filled out by Seller or Seller's Agent.**

**Seller's Name:** \_\_\_\_\_ **Seller's Agent:** \_\_\_\_\_

**Seller's Phone Number:** \_\_\_\_\_

**Name of Horse:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Current Use of Horse and intensity of exercise in the last 7 days:** \_\_\_\_\_

\_\_\_\_\_

**Medications/Supplements, doses and time of last admin:** \_\_\_\_\_

**How long have you known the horse:** \_\_\_\_\_

**What vaccines/wormers has this horse had this year and when:** \_\_\_\_\_

\_\_\_\_\_

- |  |    |     |
|--|----|-----|
| Does the horse have any medical problems?                        | No | Yes |
| Do you know of any past medical problems?                        | No | Yes |
| Does the horse have any vices?                                   | No | Yes |
| Has the horse had any kind of surgery?                           | No | Yes |
| Has the horse had any joint injections during the last 6 months? | No | Yes |

**If you answered yes to any of the above, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Any other important information about this horse:** \_\_\_\_\_

\_\_\_\_\_

**I, the undersigned, certify that I am the owner or authorized agent of the above mentioned horse. I hereby grant my consent to allow the examination to be performed by Dr. \_\_\_\_\_ for the purpose of determining the health status of the horse listed above prior to sale.**

\_\_\_\_\_  
 Seller or Seller's Agent

\_\_\_\_\_  
 Date