

Virginia Equine Imaging PPE History

To be filled out by Seller or Agent (fax to 540-687-4665)

Date: _____ Buyer Name: _____

Seller Name: _____ Phone# _____

Agent Name: _____ Phone# _____

Seller's Address: _____

Name of Horse: _____ Markings: _____

Age: _____ Breed: _____ Sex: _____ Color: _____

Current use of horse: _____

Amount of work horse currently in:

Days per week: _____

Approx # minutes/workout _____

Has horse been out of work for greater than 1 month in the past 2 years? _____

How long have you owned or known the horse? _____

When has the horse last vaccinated? _____

When was the horse last de-wormed? _____

When is the date of the horse's last Coggins? _____

Have you had a lameness that required workup?	YES	NO
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If Yes, please explain: _____

Does the horse have any medical problems?	YES	NO
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Do you know of any past medical problems?	YES	NO
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Does the horse have any vices?	YES	NO
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Has the horse ever had surgery?	YES	NO
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Is the horse currently on any medications?	YES	NO
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Is the horse currently on any supplements?	YES	NO
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Has the horse had any joint injections?	YES	NO
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Has the horse had Osphos or Tildren?	YES	NO
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If you answered yes to any of the above questions, please explain:

Name of veterinarian the horses care has been under this past year: _____

I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by Dr. Allen or Associate for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/Agent