

HORSE RESOURCE SALES VETERINARY EXAM

(Hard Copy)

CONSIGNOR NAME: _____

VETERINARIAN

Name: _____

Address: _____

Phone number: _____

HORSE

NAME: _____

COLOR: _____ SEX: _____

VACCINATIONS:

_____ Date _____

_____ Date _____

_____ Date _____

EXAM:

1. Eyes: Normal cornea, lens, and fundus. Normal dazzle and menace response.
2. Heart and Lungs: all lung and tracheal sounds normal. Normal heart rate, sound and rhythm.
3. Back and body: no palpable tenderness, normal symmetrical musculature.
4. Legs: front and rear, all legs palpated normal and no tenderness, all four legs flexed maximally and without limit or resentment. Maximal "held" flexion produced no lameness post-flexion on both high and low joints on all four legs. All hooves hoof-tested without resentment.
5. Action: horse moved with coordinated and athletic action, without lameness on lead line trot in both straight line and circle in both directions on concrete, or gravel footing.
6. Psychological exam: horse was quiet and well-behaved.

DATE EXAMINED: _____, 20_____

Signature of Examining Veterinarian: _____

***This exam is intended to assist a prospective purchaser; no warranties are made by examiner. Examination is done at the request of, at the expense of, and for the use of the purchaser only. All comments, findings and recommendations made by the examiner are made in his opinion and to the best of his knowledge at the time of examination. This is not a recommendation to buy or refuse purchase of this horse, but merely a statement of veterinary findings on this particular day.

To be filled out by Consignor:

Date of last worming: _____

Date of last shoeing: _____