## PRE-PURCHASE FORM FOR SELLER

Mountain Point Equine Hospital, PLLC 14005 S Loumis Parkway, Bluffdale, Utah 84065 Ph: 801-446-3046 | info@mountainpointequine.com

## Seller's Agreement and Pre-Purchase Exam Release

In performing a pre-purchase examination, the doctors of Mountain Point Equine Hospital, PLLC are working on behalf of the buyer. Any information, examination findings, radiographs, diagnostic results,



**Date** 

**Examining Veterinarian** 

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Current Own	er:					
Client Name:						
Date of Exam	າ:	Location:				
Name of Hor	se:					
Age:	Breed:	Sex:	Color:			
HISTORY:						
How long ha	ve you had this horse?					
How was this	s horse used?					
Have you ma	ide any history on this	horse available to the b	uyer?			
Is this horse	in current work/use? _					
Are there an	y behavior problems/v	ices that we should be a	aware of when handling the horse?			
	•	•	olic, lameness or other conditions that			
Is there any o	other information to di	isclose regarding this ho	orse?			
			ny medications been administered within the			
Vaccinations	:					
List all vaccin	ations and dates given	1:				
Deworming:						
Last date dev	wormed and product u	sed:				
Date and res	ults of most recent Fed	cal Egg Count:				

EIA (Coggins):					
Status and date: _					
Diet/Nutrition:					
Pasture access:					
		plete feed:			
Supplements:					
Dental:					
Date of last dental exam and work performed:					
Any issues that should be brought to buyer's attention?					
Shoeing:					
When was the horse last trimmed/shod?					
What is the normal shoeing interval?					
Housing:					
What is the typical	l living arrangement for this ho	rse?			
Stall:	Pasture:	Drylot:			

