



Veterinarian/Clinic Name

Address: _____

Phone: _____

Email: _____

PRE PURCHASE EXAMINATION

This examination is solely intended to assist a prospective purchaser. This examination is done at the request and expense of the prospective purchaser, and is intended only for use by the said prospective purchaser. All exam findings recorded by the examiner are based on his/her opinion, to the best of his/her knowledge and upon information available at the time of the exam. Many medical or musculoskeletal conditions are difficult to diagnose or may go unrecognized on a routine Pre-Purchase Examination. If the horse has been ridden at the level and intensity for which it is being purchased, many of these conditions can be recognized or ruled out. Neither the examiner nor the report based on the examination make any representations concerning purchase price, value, use by a particular rider, suitability or rideability of the horse being examined. Any decision concerning purchase of the horse is solely the responsibility of the prospective purchaser.

Print Name: _____ Date: _____

Signature: _____

Purchaser:

Name: _____

Address: _____

Phone: _____

Email: _____

Seller Agent/Representative:

Name: _____

Address: _____

Phone: _____

Email: _____

Purchaser Agent/Representative:

Name: _____

Address: _____

Phone: _____

Email: _____

Purchaser's Veterinarian:

Name: _____

Address: _____

Phone: _____

Email: _____

Seller:

Name: _____

Address: _____

Phone: _____

Email: _____

Registered Name: _____

Barn Name: _____ Current use: _____

Date/Time of Examination: _____

Age: _____ Intended use: _____

Color: _____

Breed: _____ Examined at: _____

Sex: _____

Height: _____ Parties Present: _____

Weight: _____

Microchip #: _____

Purchaser's concerns: _____

Examination conditions: _____

Identification:

Identification pictures here

Physical Examination:

Registered Name: _____

Temp: _____ F

HR: _____ bpm

RR: _____ rpm

MM: _____

CRT: _____ sec

KEY:

WNL = Within normal limits

NSF = No significant findings

N = Normal

N/E = Not examined

N/A = Not applicable

Body weight and condition:

Body Score: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Integument/Skin:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities _____

Scars/Wounds/Other: _____

Comments/Description/Location: _____

Surgical Scar:

- ☐ Laryngoplasty
☐ Ventriculectomy
☐ Laparotomy
☐ Medial Patellar desmotomy (L/R)
☐ Neurectomy
☐ Abdominal/Colic

Comments/Description/Location: _____

Sarcoids: ☐ Yes ☐ No Location: _____

Melanomas: ☐ Yes ☐ No Location: _____

Summer Sore: ☐ Yes ☐ No Location: _____

Mass (Unknown Etiology) _____

Comments/Description/Location: _____

Cardiovascular Exam (At Rest/Pre-Exercise):

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities _____

Heart Rate: _____

Rhythm: _____

Murmur: _____

Jugular Veins patent: Left: _____

Right: _____

Comments: _____

Respiratory Exam (At Rest/Pre-Exercise):

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities _____

Respiratory Rate: _____

Lung auscultation: _____

Rebreathing: _____

Comments: _____

G.I. Exam:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Left Abdomen: _____

Right Abdomen: _____

Celiotomy/Colic Scar: ☐ Yes ☐ No

Comments: _____

Feces/Urination:

- ☐ Normal
☐ Abnormal
☐ Not Observed

Abnormalities

Comments: _____

Oral Examination:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Bite: _____

Arcades: _____

Incisors: _____

Wolf Teeth: _____

TMJ Excursion/Reactivity: _____

Routine Dental Care Needed: ☐ Yes ☐ No

Comments: _____

Ophthalmic Exam::

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Left Eye:

Dazzle: _____

PLR: _____

Menace: _____

Cornea: _____

Iris: _____

Pupil: _____

Lens: _____

Retina: _____

Palpebral: _____

Third eyelid: _____

Right Eye:

Dazzle: _____

PLR: _____

Menace: _____

Cornea: _____

Iris: _____

Pupil: _____

Lens: _____

Retina: _____

Palpebral: _____

Third eyelid: _____

Comments: _____

Urogenital/Perineal Exam::

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Conformation: _____

Tail tone: _____

Anal tone: _____

Scrotum: Castration Scaring: ☐ Yes ☐ No

Comments: _____

Nervous system:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Cranial Nerves: _____

Neck Flexion:: _____

Placing: : _____

Abduction:: _____

Backing:: _____

Tail Sway:: _____

Small/Tight Circles:: _____

Evidence of palmar digital neurectomy: ☐ Yes ☐ NoComments: _____
_____**Demeanor:**

- ☐ Normal
☐ Abnormal
☐ Not Observed

Abnormalities: _____
_____Comments: _____
_____**Musculoskeletal Exam:**

- ☐ Not Performed/Not Requested

Comments if not performed: _____
_____**Conformation:**

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

LF: _____

RF: _____

LH: _____

RH: _____

Other: _____

Comments: _____
_____**Neck:**

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Symmetry: _____

Muscling: _____

Palpation: _____

Lateral flexion: _____

Left: _____

Right: _____

Other: _____

Comments: _____

Back:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Symmetry: _____

Muscling: _____

Palpation: _____

Flexions: _____

Lateral Flexion Left: _____

Lateral Flexion Right: _____

Dorsal Flexion: _____

Dorsal Extension: _____

Prominent T-L Dorsal Spinous Processes: _____

Other: _____

Comments: _____

Pelvis/Hindquarters:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Symmetry:

Symmetrically muscled: ☐ Yes ☐ NoTuber sacrale symmetrical ☐ Yes ☐ NoTuber coxae symmetrical: ☐ Yes ☐ No

Comments: _____

Sacroiliac:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities: _____

Other: _____

Comments: _____

Gluteal Muscles:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities:

Left: _____

Right: _____

Other: _____

Comments: _____

Passive Exam:

Left Front:

General Palpation:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Shoulder: _____

Elbow: _____

Carpus: _____

Metacarpus/Splints: _____

Fetlock: _____

Digital Sheath: _____

Pastern: _____

Coffin Joint: _____

Hoof: _____

Other: _____

Comments: _____

Joint/Synovial Effusion:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Carpus: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Digital Sheath: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Fetlock: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Coffin Joint: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Other: _____

Comments: _____

Tendons/Ligaments:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

SDFT: _____

DDFT: _____

Check Ligament: _____

Suspensory Ligament: _____

Lateral Suspensory Branch: _____

Medial Suspensory Branch: _____

Pastern Ligaments: _____

Other: _____

Comments: _____

Right Front:

General Palpation:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Shoulder: _____

Elbow: _____

Carpus: _____

Metacarpus/Splints: _____

Fetlock: _____

Digital Sheath: _____

Pastern: _____

Coffin Joint: _____

Hoof: _____

Other: _____

Comments: _____

Joint/Synovial Effusion:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Carpus: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Digital Sheath: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Fetlock: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Coffin Joint: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Other: _____

Comments: _____

Tendons/Ligaments:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

SDFT: _____

DDFT: _____

Check Ligament: _____

Suspensory Ligament: _____

Lateral Suspensory Branch: _____

Medial Suspensory Branch: _____

Pastern Ligaments: _____

Other: _____

Comments: _____

Left Hind:**General Palpation:**

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Hip: _____

Stifle: _____

Hock: _____

Metacarpus/Splints: _____

Fetlock: _____

Digital Sheath: _____

Pastern: _____

Coffin Joint: _____

Hoof: _____

Other: _____

Comments: _____

Joint/Synovial Effusion:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Stifle MFTJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFPJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFetlock: ☐ None ☐ Mild ☐ Moderate ☐ SevereHock TCJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFetlock: ☐ None ☐ Mild ☐ Moderate ☐ SevereCoffin Joint: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Other: _____

Comments: _____

Tendons/Ligaments:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

SDFT: _____

DDFT: _____

Check Ligament: _____

Suspensory Ligament: _____

Lateral Suspensory Branch: _____

Medial Suspensory Branch: _____

Pastern Ligaments: _____

Other: _____

Comments: _____

Right Hind:**General Palpation:**

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Hip: _____

Stifle: _____

Hock: _____

Metacarpus/Splints: _____

Fetlock: _____

Digital Sheath: _____

Pastern: _____

Coffin Joint: _____

Hoof: _____

Other: _____

Comments: _____

Joint/Synovial Effusion:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Stifle MFTJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFPJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFetlock: ☐ None ☐ Mild ☐ Moderate ☐ SevereHock TCJ: ☐ None ☐ Mild ☐ Moderate ☐ SevereFetlock: ☐ None ☐ Mild ☐ Moderate ☐ SevereCoffin Joint: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Other: _____

Comments: _____

Tendons/Ligaments:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

SDFT: _____

DDFT: _____

Check Ligament: _____

Suspensory Ligament: _____

Lateral Suspensory Branch: _____

Medial Suspensory Branch: _____

Pastern Ligaments: _____

Other: _____

Comments: _____

Hoof Examination:

Hoof Symmetry:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Horn quality: ☐ Good ☐ Poor

Shoeing: ☐ Yes ☐ No

Hoof testers

LF: ☐ Positive ☐ Negative

Location: _____

RF: ☐ Positive ☐ Negative

Location: _____

LH: ☐ Positive ☐ Negative

Location: _____

RH: ☐ Positive ☐ Negative

Location: _____

Comments: _____

Dynamic Exam:

AAEP Grading Scale(0 to 5)

Surface: _____

- ☐ Normal
☐ Abnormal
☐ Not Performed

Walk (In Hand)

☐ Normal ☐ Abnormal ☐ Not Performed

Straight: LF RF LH RH 0 1 2 3 4 /5 Positive

Left Circle: LF RF LH RH 0 1 2 3 4 /5 Positive

Right Circle: LF RF LH RH 0 1 2 3 4 /5 Positive

Figure 8: ☐ Normal ☐ Abnormal
LF RF LH RH 0 1 2 3 4 /5 Positive

Backing: ☐ Normal ☐ Abnormal
LF RF LH RH 0 1 2 3 4 /5 Positive

Jog (In Hand)

☐ Normal ☐ Abnormal ☐ Not Performed

Straight: LF RF LH RH 0 1 2 3 4 /5 Positive

Left Circle: LF RF LH RH 0 1 2 3 4 /5 Positive

Right Circle: LF RF LH RH 0 1 2 3 4 /5 Positive

Weakness/Ataxia

☐ Yes ☐ No ☐ Not Performed

Tight circle L: Abnormality _____

Tight circle R: Abnormality _____

Tail pull L: Abnormality _____

Comments: _____

Flexions:

Surface: _____

- ☐ Normal
☐ Abnormal
☐ Not Performed

Left Front:

Upper Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Lower Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Right Front:

Upper Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Lower Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Left Hind:

Upper Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Lower Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Stifle flexion: LF RF LH RH 0 1 2 3 4 /5 Positive

Stifle Cross Extension:
LF RF LH RH 0 1 2 3 4 /5 Positive

Right Hind:

Upper Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Lower Limb: LF RF LH RH 0 1 2 3 4 /5 Positive

Stifle flexion: LF RF LH RH 0 1 2 3 4 /5 Positive

Stifle Cross Extension:
LF RF LH RH 0 1 2 3 4 /5 Positive

Repeat Flexions: (If performed)

Lunge:

☐ Yes ☐ No

Surface: _____

- ☐ Normal
☐ Abnormal
☐ Not Performed

Left Circle:

Walk: LF RF LH RH 0 1 2 3 4 /5 Positive
Trot: LF RF LH RH 0 1 2 3 4 /5 Positive
Canter: LF RF LH RH 0 1 2 3 4 /5 Positive

Right Circle:

Walk: LF RF LH RH 0 1 2 3 4 /5 Positive
Trot: LF RF LH RH 0 1 2 3 4 /5 Positive
Canter: LF RF LH RH 0 1 2 3 4 /5 Positive

Ridden Exam:

☐ Yes ☐ No

Surface: _____

- ☐ Normal
☐ Abnormal
☐ Not Performed

Left Circle:

Walk: LF RF LH RH 0 1 2 3 4 /5 Positive
Trot: LF RF LH RH 0 1 2 3 4 /5 Positive
Canter: LF RF LH RH 0 1 2 3 4 /5 Positive

Trot on wrong/off diagonal:

LF RF LH RH 0 1 2 3 4 /5 Positive

Comments: _____

Right Circle:

Walk: LF RF LH RH 0 1 2 3 4 /5 Positive
Trot: LF RF LH RH 0 1 2 3 4 /5 Positive
Canter: LF RF LH RH 0 1 2 3 4 /5 Positive

Trot on wrong/off diagonal:

LF RF LH RH 0 1 2 3 4 /5 Positive

Comments: _____

Lead Changes:

- ☐ Normal
☐ Abnormal
☐ Not Performed

Left to Right: ☐ Easily performed

- ☐ Difficult
☐ Not performed

Right to Left: ☐ Easily performed

- ☐ Difficult
☐ Not performed

Respiratory noise:

☐ Yes

If Yes: ☐ Inspiratory
☐ Expiratory

☐ No

Cough: ☐ Yes ☐ No

Nasal Discharge: ☐ Yes ☐ No

Comments: _____

Respiratory: Post Exercise

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Respiratory Rate: _____

Lung auscultation: _____

Comments: _____

Respiratory: Post Exercise

- ☐ Normal
☐ Abnormal
☐ Not Performed

Abnormalities

Heart Rate: _____

Rhythm: _____

Murmurs: _____

Comments: _____

Recovery

- ☐ Normal
☐ Abnormal
☐ Not Performed

- ☐ Neck
☐ Back

Other: _____

Abnormalities:

Comments: _____

Diagnostic Procedures

Lab Work:

- ☐ Requested
☐ Suggested
☐ Declined
- ☐ Drug Screen
☐ CBC/Chemistry
☐ Coggins Test
☐ Lyme Titer
☐ EPM Titer
☐ HYPP

Other Genetic Screens/Tests:

Blood collected:

☐ Yes

If yes:

☐ Submitted

☐ Stored

☐ No

Radiographs:

- ☐ Requested
☐ Suggested
☐ Declined
- ☐ Front Feet P3/Navicular
☐ Hocks
☐ Stifles
☐ Fetlocks ☐ LF ☐ RF ☐ LH ☐ RH
☐ Knees
☐ Cannon/Splints

Submit for Radiographic Interpretation from Specialist/ Board Certified Radiologist?

- ☐ Suggested
☐ Declined

Submitted to: _____

Results: _____

Radiographic Interpretation

NSA=No Significant Abnormalities

NS = Not Significant

(Place Radiographic Report here)

Ultrasound Exam:

- ☐ Yes
☐ No
☐ Suggested
☐ Declined

Area Examined:

Results

Endoscopic Exam: (URT) :

- ☐ Yes
☐ No
☐ Suggested
☐ Declined

Results

Additional Diagnostic Tests:

- ☐ Yes
☐ No
☐ Suggested
☐ Declined

- ☐ MRI
☐ Computed Tomography
☐ Scintigraphy

Other:

Comments:

Record of Discussion:

- ☐ In person
☐ Telephone

Date/time:

Name:

Discussion:
