*LOGO*

*Veterinarian/Clinic Name*

*Address:*

*Telephone*

*Email:*

*PRE PURCHASE EXAMINATION*

DATE:

**Purchaser:**

Name:

Address:

Phone:

Email:

**Purchaser Agent/Representative:**

Name:

Address:

Phone:

Email:

**Seller:**

Name:

Address:

Phone:

Email:

**Seller Agent/Representative:**

Name:

Address:

Phone:

Email:

**Purchaser’s Veterinarian:**

Name:

Address:

Phone:

Email:

**Date/Time of Examination:**

**Registered Name:**

**Barn Name:**

Age: Breed: Sex:

Height: Weight: Color:

Microchip:

Current use:

Intended use:

Purchaser’s concerns:

Examined at:

Parties Present:

Examination conditions:

**Identification:**

***(IDENTIFICATION PICTURES HERE)***

**KEY:** WNL = within normal limits NSF: No significant findings  
 N = Normal N/E: Not examined  
 N/A = Not applicable

**Physical Examination** Not Performed / Not Requested

**Temp:** F **HR:** bpm **RR:** rpm **MM:** **CRT:** sec

**Body weight and condition:**

**Body Score:**

**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: Right Eye:**

Dazzle: Dazzle:

PLR: PLR:

Menace: Menace:

Cornea: Cornea:   
Iris: Iris:   
Pupil: Pupil:   
Lens: Lens:   
Retina: Retina:

Palpebral: Palpebral:

Third eyelid: Third eyelid:

Comments:

**Urogenital/Perineal Exam:** Normal Abnormal Not Performed

Abnormalities

Conformation:

Tail tone:

Anal tone:

Scrotum: Castration Scaring:

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:

Comments:

**Demeanor:** Normal Abnormal Not Observed

Abnormalities Comments:

**Musculoskeletal Exam** Not Performed / Not Requested

**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 No

Tuber sacrale symmetrical Yes No

Tuber 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**

**Legend/Key:**

~~None: 0/4 Mild: 1/4 Moderate: 2/4 Moderate/Severe: 3/4 Severe: 4/4~~

**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:

Metatarsus/Splints:

Fetlock:

Digital Sheath:

Pastern:

Coffin Joint:

Hoof:

Other:

Comments:

**Joint/Synovial Effusion:** Normal Abnormal Not Performed

Stifle: MFTJ None Mild Moderate Severe

FPJ: None Mild Moderate Severe

Fetlock: None Mild Moderate Severe

Hock: TCJ None Mild Moderate Severe

Digital Sheath: 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 Hind:**

**General Palpation:** Normal Abnormal Not Performed

Abnormalities:

Hip:

Stifle:

Hock:

Metatarsus/Splints:

Fetlock:

Digital Sheath:

Pastern:

Coffin Joint:

Hoof:

Other:

Comments:

**Joint/Synovial Effusion:** Normal Abnormal Not Performed

Stifle: MFTJ None Mild Moderate Severe

FPJ None Mild Moderate Severe Hock: TCJ None Mild Moderate Severe

Fetlock: None Mild Moderate Severe

Digital Sheath: None Mild Moderate Severe

Coffin Joint: None Mild Moderate Severe

Other: None Mild Moderate Severe

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\_\_\_\_\_

~~Foot pastern axis: Normal\_\_\_\_\_ Straight\_\_\_\_\_ Negative PA\_\_\_\_\_ Positive PA\_\_\_\_\_~~

Shoeing:

Hoof testers

LF: Positive Negative Location:

RF: Positive Negative Location:

LH: Positive Negative Location:

RH: Positive Negative Location:

Comments:

**Dynamic Exam:** (Surface) Normal Abnormal Not Performed

**AAEP Grading Scale(0 to 5)**

**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

Comments:

**Jog** (In Hand)

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

Comments:

**Weakness/Ataxia:** Yes\_\_\_\_\_ No\_\_\_\_\_ Normal Abnormal Not Performed

Tight circle L: Abnormality

Tight circle R: Abnormality

Tail pull L: Abnormality

Tail pull R: 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 Comments:

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 with 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

Comments:

Respiratory noise: Yes No If yes: Inspiratory Expiratory

Cough: Yes No

Nasal discharge: Yes No

Comments:

**Respiratory: Post Exercise** Normal Abnormal Not Performed

Abnormalities

Respiratory Rate:

Lung auscultation:

Comments:

**Cardiovascular Exam: Post Exercise** Normal Abnormal Not Performed

Abnormalities

Heart Rate:

Rhythm:

Murmurs:

Comments:

**Recovery:** Normal Abnormal Not Performed

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 No If yes: Submitted Stored

***Radiographs:***

***(Requested/Suggested/Declined)***

Front Feet P3/Navicular:

Hocks:

Stifles:

Fetlocks: LF RF LH RH

Knees:

Cannon/Splints:

Neck:

Back:

Other:

**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:

**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 rideabilty of the horse being examined. Any decision concerning purchase of the horse is solely the responsibility of the prospective purchaser.**

Signature/Date: