Your Logo

Veterinarian/Clinic Name: _____

Address: _____

Telephone: _____

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 their opinion, to the best of their 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, or rideability of the horse being examined. Any decision concerning purchase of the horse is solely the responsibility of the prospective purchaser.

☐ **Prior Knowledge Disclosure & Consent**
The client acknowledges that the examining veterinarian has previously provided care for and/or has prior knowledge of this horse and consents to the veterinarian conducting the pre-purchase examination notwithstanding such prior involvement, waiving any conflict of interest arising therefrom.

Print Name: _____

Signature: _____

Date: _____

Purchaser

Name:_____

Address:_____

Phone: _____

Email: _____

Purchaser Agent/Representative

Name:_____

Address:_____

Phone: _____

Email:_____

Purchaser's Veterinarian

Name: _____

Address: _____

Phone: _____

Email:_____

Seller

Name: _____

Address: _____

Phone: _____

Email: _____

Seller Agent/Representative

Name:_____

Address:_____

Phone: _____

Email: _____

Registered Name: _____

Barn Name: _____

Date/Time of Examination: _____

Age: _____ Breed: _____ Sex: _____

Unofficial 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
N = Normal
NSF = No significant findings
N/A = Not applicable
N/E = Not examined

Physical Exam: ☐ Not Performed ☐ Not Requested

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

Body weight and condition: _____

Body Score (out of 9): _____

Integument/Skin Exam: ☐ Normal ☐ Abnormal ☐ Not Performed

Abnormalities

Scars/Wounds/Other: _____

Comments/Description/Location: _____

_____

Surgical Scar

Laryngoplasty	☐ Yes	☐ No
Ventriculectomy	☐ Yes	☐ No
Laparotomy	☐ Yes	☐ No
Medial Patellar Desmotomy (L/R)	☐ Yes	☐ No
Tarsal Fasciotomy (L/R)	☐ Yes	☐ No
Neurectomy (LF/RF/LH/RH)	☐ Yes	☐ No
Abdominal/Colic	☐ Yes	☐ No
Caslick	☐ Yes	☐ No
DSP	☐ Yes	☐ No

Comments/Description/Location: _____

_____

Masses ☐ Yes ☐ No

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 Exam: ☐ 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:_____

_____

Neurologic Exam: ☐ Normal ☐ Abnormal ☐ Not Performed

Abnormalities

Cranial Nerves: _____

Neck Flexion: _____

Placing: _____

Abduction: _____

Backing: _____

Tail Sway:_____

Small/Tight Circles:

Evidence of palmar digital neurectomy: ☐ Yes ☐ No

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:

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
Tarsal Sheath:	☐ 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: _____

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
Tarsal Sheath:	☐ 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: _____

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 Exam

Hoof Symmetry: ☐ Normal ☐ Abnormal ☐ Not Performed

Horn quality: ☐ Good ☐ Poor Shoeing: _____

Hoof testers

LF: ☐ Positive ☐ Negative Location: _____

RF: ☐ Positive ☐ Negative Location: _____

LH: ☐ Positive ☐ Negative Location: _____

RH: ☐ Positive ☐ Negative Location: _____

Comments:_____

_____

Dynamic Exam ☐ Normal ☐ Abnormal ☐ Not Performed

AAEP Grading Scale (0 to 5)

Surface: _____

Walk (In Hand) ☐ Normal ☐ Abnormal ☐ Not Performed

Straight: _____

Left Circle: _____

Right Circle: _____

Figure 8: _____

Backing: _____

Comments:_____

_____

Jog/Trot (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

Comments:_____

_____

Weakness/Ataxia: ☐ Yes ☐ No ☐ Not Performed

Tight circle L: Abnormality _____

Tight circle R: Abnormality _____

Tail pull L: Abnormality _____

Tail pull R: Abnormality _____

Comments: _____

_____

Flexions ☐ Normal ☐ Abnormal ☐ Not Performed

Surface: _____

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:_____

_____

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:_____

_____

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 ☐ 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

☐ Borrelia/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

☐ Carpus/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: _____

_____

_____

_____

_____

_____

_____

_____

_____