



SELLER'S STATEMENT

Name: _____ Horse ID _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ E-mail: _____

1. How long have you owned this horse? _____
2. Has the horse ever suffered any of these conditions or required these treatments?

	YES	NO
Lameness (including 'tying up')	<input type="checkbox"/>	<input type="checkbox"/>
Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Vices (biting, kicking, bucking, windsucking, weaving, related to heat)	<input type="checkbox"/>	<input type="checkbox"/>
Colic	<input type="checkbox"/>	<input type="checkbox"/>
Neurectomies, desmotomies, or other surgery	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding from the nose	<input type="checkbox"/>	<input type="checkbox"/>
Use of medications	<input type="checkbox"/>	<input type="checkbox"/>
Use of special feeds	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Allergic lung disease	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please explain the circumstances. _____

3. Vaccination and deworming history. _____

4a. Do you know how this horse will be used after the purchase? If yes, please describe. _____

4b. Do you know the horse's past performance in this area? Please describe. _____

5. Past workload and level of condition. _____

6. What is your opinion of this horse's suitability for the proposed use?

- Unique
 Adequate
 Exceptional
 No opinion

As the horse seller, I give permission for any tests the examining veterinarian considers necessary and agree to hold her or him harmless for any consequences.

Date _____ Seller's signature _____