

SELLER'S STATEMENT

STATEMENT GIVIN BY

OWNER/AGENT: _____

SIGNED: _____

DATE: ___/___/_____

REGARDING THIS HORSE:

1. PRESENTLY ON ANY MEDICATION? **YES** NO _____
2. MEDICATIONS IN LAST 30 DAYS? **YES** NO _____
3. VETERINARY TREATMENT IN LAST **YES** NO _____
30 DAYS?
4. COLIC/DIARRHEA/CHOKER IN **YES** NO _____
THE PAST YEAR?
5. HAD ANY SURGERY PERFORMED? **YES** NO _____
6. HAVE ANY BEHAVIORAL VICES? **YES** NO _____
7. COGGINS TEST IN LAST 6 MONTHS? **YES** NO _____
8. HOW LONG OWNER OWNED OR UNDER YOUR CARE? _____
9. RECENT EXERCISE OF PERFORMANCE ROUTINE?

10. MANAGEMENT HISTORY: _____

11. PRESENT FEED AND SUPPLEMENT PROGRAM _____

12. BREEDING HISTORY IF APPLICABLE: _____

13. NAME OF FARRIER: _____ DATE OF LAST SHOEING: _____

14. DATE OF LAST ROUTINE DENTAL WORK: _____

15. DATE OF VACCINATION AND TYPE: _____

16. DATE OF DEWORMING AND TYPE: _____

17. ARE PREVIOUS MEDICAL RECORDS AVAILABLE: **YES** NO _____

ADDITIONAL NOTES AND COMMENTS REGARDING THE HISTORY: _____

