

PRE-PURCHASE EXAM

Nan Haberman DVM  
206-399-0466 - cell  
360-668-6282 - fax  
[nan@habermanequine.com](mailto:nan@habermanequine.com)  
[www.habermanequine.com](http://www.habermanequine.com)

PO Box 1902  
Woodinville, WA 98072

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Tattoo \_\_\_\_\_ Insured \_\_\_\_\_  
Markings \_\_\_\_\_

Where Stabled \_\_\_\_\_ Intended Use \_\_\_\_\_  
Buyer \_\_\_\_\_ Seller \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Examination \_\_\_\_\_

Seller's or authorized agent's statement: ( If seller is not present, buyer should contact the seller and have the following questions answered) \_\_\_\_\_  
How long have you had this horse? \_\_\_\_\_  
Has this horse had any medication in the last week? \_\_\_\_\_  
Has this horse had any lameness problems \_\_\_\_\_  
Has this horse ever had any surgery? \_\_\_\_\_  
Are there any vices or bad habits? \_\_\_\_\_  
Any history of respiratory problems, noises or bleeding? \_\_\_\_\_  
(If mare) Is she in foal or been exposed to a stallion? \_\_\_\_\_  
Any past breeding or foaling problems? \_\_\_\_\_  
Any pertinent medical history? \_\_\_\_\_  
Are you providing a negative coggins test in the last six months? \_\_\_\_\_

Buyer's statement: \_\_\_\_\_  
How long have you known this horse? \_\_\_\_\_  
How long have you tried this horse? \_\_\_\_\_  
Any sign of lameness or gait abnormality noted by you during your trial usage? \_\_\_\_\_  
Any respiratory noises noted by you during your trial usage? \_\_\_\_\_  
Any other concerns or special requests? \_\_\_\_\_  
Has your trainer ridden or observed this horse at work? \_\_\_\_\_

This examination is intended to assist a prospective purchaser, no warranties are made by the examiner. Examination is done at the request of, at the expense of, and for the use of the purchaser. All comments, findings, and recommendations made by the examiner are made in his/her opinion and to the best of their knowledge at the time of the examination. Recommendations are made in regard to intended use only.

Many subtle internal medical or musculoskeletal problems are difficult to diagnose or will go unrecognized on our routine prepurchase examination. Recurrent colics, tying up, intermittent heaves, epistaxis, pregnancy, impaired vision, non-sweaters, and subtle transitory lamenesses are some of the occasional conditions missed on these exams. If the buyer has ridden this horse in the occupation and at the intensity it is being purchased for, some of the above conditions could be recognized or ruled out.

Persons present and involved with this prepurchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General physical exam: NAF-no abnormal findings Abn-abnormal NE-not examined

1. Cardiovascular: pulse rate and quality \_\_\_\_\_  
auscultation \_\_\_\_\_ after exercise \_\_\_\_\_ after recovery \_\_\_\_\_
2. Respiratory: rate \_\_\_\_\_ auscultation \_\_\_\_\_  
after exercise \_\_\_\_\_ after recovery \_\_\_\_\_
3. Temperature \_\_\_\_\_
4. General body: condition \_\_\_\_\_ height(est) \_\_\_\_\_ weight(est) \_\_\_\_\_
5. Eyes: symmetry \_\_\_\_\_ reflexes \_\_\_\_\_ lids \_\_\_\_\_ conjunctiva \_\_\_\_\_  
cornea \_\_\_\_\_ ophthalmoscopic exam \_\_\_\_\_
6. Mouth: lips \_\_\_\_\_ bite \_\_\_\_\_ gums \_\_\_\_\_ CRT \_\_\_\_\_  
odor \_\_\_\_\_ teeth \_\_\_\_\_
7. Nasal and Paranasal: symmetry \_\_\_\_\_ air flow \_\_\_\_\_ odor \_\_\_\_\_  
exudates \_\_\_\_\_
8. Pharynx, Larynx, Trachea: palpation \_\_\_\_\_ cough induction \_\_\_\_\_  
auscultation at rest \_\_\_\_\_ after exercise \_\_\_\_\_
9. Genital/Urinary: external \_\_\_\_\_ palpation \_\_\_\_\_
10. Digestive: auscultation \_\_\_\_\_ diarrhea or other abnormalities \_\_\_\_\_
11. Nervous system: inspection \_\_\_\_\_ has horse been nerved? \_\_\_\_\_  
if yes, when? \_\_\_\_\_
12. Vices: cribbing \_\_\_\_\_ weaving \_\_\_\_\_ digging \_\_\_\_\_ savaging \_\_\_\_\_  
stable manners \_\_\_\_\_ field manners \_\_\_\_\_  
comments \_\_\_\_\_
13. Skin: \_\_\_\_\_

MUSCULOSKELTAL

Hoof conformation

LF: \_\_\_\_\_

RF: \_\_\_\_\_

LR: \_\_\_\_\_

RR: \_\_\_\_\_

Shoeing

LF: \_\_\_\_\_

RF: \_\_\_\_\_

LR: \_\_\_\_\_

RR: \_\_\_\_\_

Limb conformation

LF: \_\_\_\_\_

RF: \_\_\_\_\_

LR: \_\_\_\_\_

RR: \_\_\_\_\_

Limb palpation

LF: \_\_\_\_\_

\_\_\_\_\_

RF: \_\_\_\_\_

\_\_\_\_\_

LR: \_\_\_\_\_

\_\_\_\_\_

RR: \_\_\_\_\_

\_\_\_\_\_

Neck, shoulder and back symmetry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neck, shoulder and back palpation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neck flexion, left and right \_\_\_\_\_

\_\_\_\_\_

Back, extension and flexion \_\_\_\_\_

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Gait Evaluation

Lunging, soft ground, left: \_\_\_\_\_  
walk \_\_\_\_\_  
trot \_\_\_\_\_  
canter \_\_\_\_\_

Lunging, soft ground, right: \_\_\_\_\_  
walk \_\_\_\_\_  
trot \_\_\_\_\_  
canter \_\_\_\_\_

Undersaddle, left: \_\_\_\_\_  
walk \_\_\_\_\_  
trot \_\_\_\_\_  
canter \_\_\_\_\_  
other \_\_\_\_\_  
Comments \_\_\_\_\_

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Undersaddle, right: \_\_\_\_\_  
walk \_\_\_\_\_  
trot \_\_\_\_\_  
canter \_\_\_\_\_  
other \_\_\_\_\_  
Comments \_\_\_\_\_

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Straight line, walk \_\_\_\_\_  
Straight line, trot \_\_\_\_\_

Limb Flexion

LF:lower limb \_\_\_\_\_ other \_\_\_\_\_  
RF:lower limb \_\_\_\_\_ other \_\_\_\_\_  
LR:stifle \_\_\_\_\_ spavin \_\_\_\_\_ lower limb \_\_\_\_\_  
RR:stifle \_\_\_\_\_ spavin \_\_\_\_\_ lower limb \_\_\_\_\_  
Comments: \_\_\_\_\_

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Lunging, hard ground, small circle, left  
walk \_\_\_\_\_  
trot \_\_\_\_\_  
Lunging, hard ground, small circle, right \_\_\_\_\_  
walk \_\_\_\_\_

trot \_\_\_\_\_

Radiographs taken: (findings next page) \_\_\_\_\_  
\_\_\_\_\_

Ultrasound exams performed: (findings next page) \_\_\_\_\_  
\_\_\_\_\_

Additional procedures: \_\_\_\_\_

Endoscope exam and results \_\_\_\_\_  
\_\_\_\_\_

Reproductive exam and results \_\_\_\_\_  
\_\_\_\_\_

Complete blood count and chemistry \_\_\_\_\_

Coggins \_\_\_\_\_

Health papers \_\_\_\_\_

Other laboratory tests \_\_\_\_\_

Insurance papers \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

**Radiographic Results:**

LF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_



This is to certify that I, \_\_\_\_\_, have this day made in accordance with customary standards, a clinical examination of the animal described above and related these findings to the buyer. My opinion does not consider aptitude, ability, or temperament. These are at the buyer's discretion.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_