

Capitol Equine

Veterinary Services, PC

Sara Bartholomew DVM

PO Box 23270, Sacramento, Ca 95823, (916)997-8444

Capitol Equine Buyer/Seller Statement

Seller's Statement: (If present, if not the buyer should contact the seller him/herself and have the following questions answered.)

Seller Information: (Name and Contact Information)

Has horse had any medications in the last week?: _____

Has horse had negative Coggins test in the last 6 months?: _____

Has any surgery been performed on this horse?: _____

If mare, is she in foal or exposed to a stallion? _____

Any past breeding or foaling problems? _____

Any vices or objectionable habits? _____

Vaccine and de-worming history: _____

Dental history: _____

Have any intra-articular injections been performed on this horse? _____

Any pertinent medical history? _____

Horse Information:

Name/Breed/Sex/Age/Color/Significant Markings:

Buyer Information (Name and Contact Information)

Additional Diagnostics Offered to Buyer (please circle):

Blood draw for drug screen: Yes or No

Blood Panel (CBC/Chem/Fibrinogen): Yes or No

Coggins Test: Yes or No

Endoscopy, upper air-way exam: Yes or No

Radiographs: Yes or No

Ultrasound: Yes or No

Reproduction Exam: Yes or No

Please Describe Your Intended Use for this horse:

Any specific concerns or requests by purchaser:

Buyer Signature: _____

Seller Signature: _____

This examination is intended to assist a prospective purchaser. The examination is done at the request of, at the expense of, and for the use of the purchaser only. All comments, findings, and recommendations made by the examiner are made in her/his opinion and to the best of his/her knowledge at the time of the exam. Findings and statements made in this pre-purchase exam are not a warranty; real, implied or otherwise, of future health, freedom from lameness/injury or suitability and only reflect the state of the horse at this examination under these conditions.