

SOUTH MOUNTAIN EQUINE

Prepurchase Information Worksheet

Client Information

Name: _____
Address: _____
Phone: _____

Billing Information

Credit Card: Visa MasterCard American Express (circle one please)
Credit Card Number: _____
Expiration Date: _____ CV Code: _____

Seller's Information

Name: _____
Address: _____
Phone: _____

Horse's Information

Name: _____ Age: ____ Breed: _____ Sex: _____ Use: _____
Horse's Location: _____
Agent's Name: _____
Agent's Phone: _____

Examination Information

Please circle desired tests

Bloodwork: CBC/chemistry Coggins Test Lyme Titer Drug Screen
Endoscopy: Yes No
Ultrasound: Yes No Location(s): _____
Radiography:
Front Feet Navicular Bones Front Fetlocks Hind Fetlocks Hocks Stifles Knees

Other Requests: _____

Justin Sobota, MS, MSM, DVM

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Middletown, MD 21769
Phone: 240.818.5971
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Buyer's Statement:

To what use do you intend to put this horse?(degree of work, hours to be used)?

What is the age, size, ability and experience of the intended rider(s)?

How long have you been acquainted with this animal?

Do you ever intend to breed this animal? ___Yes ___No

How long have you tried or ridden this animal before this examination?

In what capacities has the animal been ridden by yourself ?

Of what relative importance are the following to you (scale 1-3 most to least important)?

_____ Appearance of the horse including any blemishes?

_____ Performance

_____ Temperament

How do you rate the suitability of this horse for the intended purpose?

What type of care (stabling) is anticipated for this horse?: (circle one)

Intensive (continual supervision)

Average (stabled daily for feeding, etc.)

Casual (on pasture most of the time)

Date

Signature

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