



MCKEE·POWNALL
Veterinary Professional Corporation

McKee-Pownall Equine Services – Pre-Purchase Exam History

Both Pages Must be filled out by Seller or Agent prior to Exam

Please complete this PDF-fillable form and email to clients@mpequine.com

or

Fax: (519)856-8277- Campbellville/Niagara or (905)898-0371 – Newmarket

Seller/Agent Information:

Date: _____ Buyer’s Name: _____

Seller’s Name: _____ Seller’s Phone#: _____

Seller’s Address: _____

Agent’s Name: _____ Agent’s Phone#: _____

Horse Information:

Barn Name: _____ Show/Registered Name: _____

Age: _____ Breed: _____ Sex: _____

Markings: _____

Is currently being ridden ____ days per week, for approx. ____ min per ride.

Questions:

How long have you owned or known the horse? _____

When was the horse last vaccinated? _____ Dewormed? _____

What is the date of the horse’s last negative Coggins test? _____

Please answer YES (“Y”) or NO (“N”) to the following:

Does this horse have any medical problems? _____

Do you know of any past medical problems? _____

Does this horse have any vices? _____

Has this horse ever had surgery? _____

Is this horse currently on any medications/supplements? _____

Has the horse ever been on medications? _____

Has the horse ever had joint injections? _____

*If you answered “YES” to any of the above questions, please explain on the next page:

I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by an associate of McKee-Pownall Veterinary Professional Corporation for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/Agent

Print Name of Seller/Agent