



**Coastal**  
Equine Services

**Your Lowcountry Equine Vet**  
843-929-9489  
coastalequineservices@gmail.com

## Pre-Purchase Examination

*To be completed by the seller.*

### Buyer Info

Buyer Name:  
Address:  
Phone Number:

### Seller Info

Seller Name:  
Address:  
Phone Number:

### Agent

Agent Name:  
Address:  
Phone Number:

### Agent

Agent Name:  
Address:  
Phone Number:

**Veterinarian:**

**Veterinarian:**

**Intended Use of Horse:**

**Past Use of Horse:**

## Horse Information

Registered Name

Barn Name

Age

Breed	
Gender	
Color/Markings	
Height/Weight	
Duration of Ownership	
Tattoo/Brand	
Location of Veterinary Records	

### Medical History

Has this horse had a recent negative coggins test?	
Has this horse ever had colic?	
Does this horse have any history of lameness or other orthopedic problems?	
Has this horse ever had X-rays taken?	
Does this horse have any history of neurologic disease?	
Has this horse ever had respiratory disease?	
Has this horse taken any medication in the last 60 days?	
Has this horse ever tied up?	
Has this horse ever had surgery?	
Has this horse ever been bred?	
Did a pregnancy result?	
Is this horse pregnant (if mare)?	
Does this horse have any bad habits/stable vices (cribbing, wind-sucking, weaving, biting)?	
Has this horse ever had a vaccine reaction?	

Please list vaccinations and deworming for the last 12 months:	
Please describe feed and supplements for the last 12 months:	
Please describe training/performance history:	
Please describe work level in the last month and the date/activity of last competition:	
When was this horse last trimmed/shod?	
Where is this horse kept? Pasture/Dry Lot/Stable/Etc.	
Please describe veterinary examinations/treatments/medications in the last 12 months:	

The statements above are true and complete to the best of my knowledge. This horse has not received any medication of any kind in the last three weeks (except as mentioned above).

Signature of Seller: \_\_\_\_\_

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