



Pinnacle Equine Sports Medicine

Dr. Caili Fulgoni

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Pre Purchase Exam Seller Form

History To be filled out by Seller or Agent and can be returned by email (cailifulgonidvm@gmail.com) or handed in at time of PPE.

Date:

Buyer Name:

Seller Name:

Phone#:

Agent Name:

Phone#:

Seller's Address:

Name of Horse:

Markings:

Age:

Breed:

Sex:

Color:

Current use of horse:

Amount of work horse currently in:

Days per week:

Approx # minutes/workout:

Has horse been out of work for greater than 1 month in the past 2 years?:

If so please explain:

What is the horse's diet composed of?

Amount?

Times fed per day?

Is the horse currently on any supplements?

How long have you owned or known the horse?

When was the horse last vaccinated?

de-wormed?

When is the date of the horse's last Coggins?

Have you had a lameness that required workup? YES NO

Does the horse have any medical problems? YES NO

Do you know of any past medical problems? YES NO

Does the horse have any vices? YES NO

Has the horse ever had surgery? YES NO

Is the horse currently on any medications? YES NO

Has the horse had any joint injections? YES NO

Has the horse had Osphos or Tildren? YES NO

If you answered yes to any of the above questions, please explain:

Name of veterinarian the horses care has been under this past year:

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 Dr. Fulgoni for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/Agent: