



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:

How long have you owned or known the horse?

Current use of horse:

Amount of work horse currently in:

Days per week:

Approx # minutes/workout:

What is the horse's diet composed of?

Amount?

Times fed per day?

Is the horse currently on any supplements?

What is the length of the current trimming or shoeing cycle?

Has the horse had its teeth floated under your care?

If so when was the last dental?

When was the horse last vaccinated?

What Vaccine?

When was the horse last de-wormed?

Does the horse have a current Coggins (EIA) test?

Has horse ever been out of work since you have owned?

YES NO

If so please explain:

Are you aware of any injuries the horse may of had before you owned?

YES NO

Has the horse had any injuries since you have owned?

YES NO

Is the horse currently on any medications or alternative therapies?

YES NO

Has the horse had a lameness that required workup?

YES NO

Does the horse have any medical problems?

YES NO

Do you know of any past medical or soundness 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 shockwave therapy?

YES NO

Has the horse had Osphos or Tildren?

YES NO

Any stumbling or tripping?

YES NO

| | |
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| Any asymmetrical muscling? | YES NO |
| Any issues with urinating? | YES NO |
| Any noticeable stiffness after riding or exercise? | YES NO |
| Does the horse urinate more than you feel is normal? | YES NO |
| Is the horse an easy keeper (prone to being overweight)? | YES NO |
| Does the horse have a difficult time shedding out compared to others? | YES NO |
| Any history of colic? | YES NO |
| Any history of Laminitis? | YES NO |
| Girthy or cinchy? | YES NO |
| Diagnosed with or treated for ulcers? | YES NO |
| Any abnormalities associated with the horses eyes such as swelling, discharge, cloudiness, vision issues, etc. ? | 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:

***Please provide any medical records including vaccine records and blood work that you have. This can be done by requesting the documents from your veterinarian(s). ***

I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I certify that the above information is accurate to the best of my knowledge. 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: