

**Woods End Equine Veterinary Service  
Purchase Examination**

Date  Time  Dr.

Place of Examination

Buyer

Address

Phone#  MC/VISA#

Agent  Phone#

Address

Owner

Name of Horse  Age

Breed  Sex  Tattoo

Sire  Dam

Foaling Date  Height  Weight

Color and Markings

Intended Use

How long have you owned or had horse in your barn?

Is the horse presently on any medications or has it previously been on medications?

Has the horse been in work and at what level?

Has the horse ever colic/founder?

Has the horse ever had surgery?

Does the horse need to show on any medication?

Has the horse ever been lame?

Does the horse have any vices?