

Pre-purchase Exam Form

Name of Horse _____ Date of Exam _____
Buyer/Buyer's Agent _____ Phone # _____
Seller/Seller's Agent _____ Phone # _____
Current Use _____ Intended Use _____
Previous Illness, Injury, or Surgery? _____
Deworming History _____
Vaccination History _____

Description: Age _____ Breed _____ Sex _____ Weight _____
Color _____ Markings _____
Tattoos/Brands/Microchip _____
Body Condition Score (1-9) _____ Height: ____ Hands ____ Inches (unofficial)
General Appearance _____
Temperament _____

Integument: _____
Surgical Scars: Ventral Midline ____ Neurectomy ____ Throatlatch ____ Other _____

Ophthalmic Exam:

PLR:	Right	Left
Direct	_____	_____
Consensual	_____	_____
Menace:	_____	_____
Cornea:	_____	_____
Sclera:	_____	_____
Adnexia:	_____	_____
Fundic Exam (dilated? Y/N):	_____	_____

Auditory Function: _____

Nervous System:

Cranial Nerve Function: _____
Conscious Proprioception: _____

Cardiovascular System:

MM Color _____ CRT _____ Jugular Refill (rt) _____ (lt) _____
At Rest: Heart Rate _____ Murmurs? _____ Arrhythmias ? _____
After Exercise: Heart Rate _____ Murmurs? _____ Arrhythmias ? _____

Respiratory System:

Respiratory Rate (at Rest) _____ (after exercise) _____
Nasal Discharge? _____ Sinus Percussion _____ Facial Symmetry _____
Tracheal Auscultation _____ Thoracic Auscultation: At Rest _____ Re-breathing _____

Lymphatic System: _____

Gastrointestinal System:

Teeth/Oral Cavity: _____
GI Motility: _____
Fecal Quality: _____

Reproductive System: _____

(Refer to Theriogenology if BSE requested)

Musculoskeletal Exam:

Conformation:

Balance/General Structure: _____
Forelimbs: _____
Hindlimbs: _____
Feet: RF _____ LF _____
RR _____ LR _____

Palpation/Range of Motion:

Poll _____ TMJ _____ Neck _____ Back _____
Left Forelimb _____
Left Hindlimb _____
Right Forelimb _____
Right Hindlimb _____

Hoof Testers:

LF _____ LR _____ RF _____ RR _____

Walk on a Straight Line: _____

Trot on a Straight Line: _____

Flexion Tests:

	LF	RF	LH	RH
Lower Limb:	_____	_____	_____	_____
Upper Limb:	_____	_____	_____	_____

Circling to Left at Trot (Hard Ground) _____

Circling to Right at Trot (Hard Ground) _____

Free Lunging (Softer Ground)

Trotting to Right _____

Trotting to Left _____

Cantering to Right _____

Cantering to Left _____

Working w/ rider or driver _____

Additional Tests:

Radiographs:

Studies Performed: _____

Abnormal Findings: _____

Upper Airway Endoscopy: _____

BSE: _____

Complete Oral Exam (Sedated, w/ speculum): _____

CBC: _____ Serum Chem Panel: _____

Coggins Test: _____ Health Certificate: _____

Blood Draw for Drug Testing: _____

Genetic Testing: _____

Other: _____

Comments:

Abbreviations: WNL-Within Normal Limits

NE-Not Evaluated

NA-Not Applicable

