

STURGIS VETERINARY HOSPITAL

P.O. Box 396 • 2421 Vanocker Canyon Rd

Sturgis, SD 57785

Telephone 605-347-4436

Seller's Statement

Horse name :

Breed :

Age :

Sex :

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

1. How long have you owned this horse? _____

2. Has the horse ever suffered any of these conditions or required these treatments?

	Yes	No
Lameness	<input type="checkbox"/>	<input type="checkbox"/>
Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Vices	<input type="checkbox"/>	<input type="checkbox"/>
Colic	<input type="checkbox"/>	<input type="checkbox"/>
Neurectomies, desmotomies, or other surgery	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding from the nose	<input type="checkbox"/>	<input type="checkbox"/>
Use of medications	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please explain the circumstances. _____

3. Do you know how this horse will be used after the purchase? _____

4. Do you know this horse's past performance in this area? _____

5. What's your opinion of this horse's suitability for the proposed use?

Unique

Adequate

Exceptional

No opinion

As the horse seller, I give permission to perform any tests the examining veterinarian considers necessary and agree to hold him or her harmless for any consequences.

Date _____ Buyer's signature _____

Vaccination History: _____

Date given _____

Last deworming date: _____ Product used _____