



Pre-Purchase Examination

» Please complete, sign and send back per fax. Thank you.«

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Owner

name / prename

phone

address

city

zip

country

fax

email

Purchaser

name / prename

phone

address

city

zip

country

fax

email

I. Signalement of the horse

name

breed

date of birth

brand

sex

colour

II. Histoy

known diseases

yes

no

1. _____

2. _____

known treatments

1. _____

2. _____



Former Pre-Purchase Examination yes no
 passed failed

Vaccination:

Influenza yes no Date: _____
Tetanus yes no Date: _____
Herpes yes no Date: _____
Rabies yes no Date: _____
others _____

Anthelmintic therapy: yes no

Housing: pasture stable both

Usage jumping dressage pleasure eventing
 trotting racing polo

Training training no training

I declare on oath, that the horse which is declared above, have in the last six weeks no doping relevant drugs obtained.

Date _____

Signature _____