



Dr. Tracy R. Walker  
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Pre-Purchase Examination  
Seller Disclosure

Page 1 of 2

### Seller Information

Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
How long have you been acquainted with this animal? \_\_\_\_\_  
How long have you had this animal under your care? \_\_\_\_\_  
Current Use: Pleasure/Trail Breeding Competition (list discipline): \_\_\_\_\_

### Horse Identification

Registered Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Barn Name: \_\_\_\_\_ Microchip/Tattoo Number: \_\_\_\_\_  
Birth date / Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: Stallion Mare Gelding Spayed Mare  
Markings:  
Color: \_\_\_\_\_ Head/Face: \_\_\_\_\_  
Brands/Scars: \_\_\_\_\_  
Left Front: \_\_\_\_\_ Right Front: \_\_\_\_\_  
Left Rear: \_\_\_\_\_ Right Rear: \_\_\_\_\_

### Medical History

- 1) Is a complete previous veterinary medical history including vaccinations, dental exams, lameness, surgery, medical condition, drug therapy, and joint injections available? Yes No If yes, attach copies.
- 2) Has this horse been treated with any systemic or intra-articular medications over the last 8 weeks?  
Yes No If yes, explain. \_\_\_\_\_
- 3) To the best of your knowledge, has this horse ever had any of the following:
  - A. Colic Yes No
  - B. Colic Surgery Yes No

