



**David J Crum, DVM**  
**Stephanie K Huebner, DVM**  
Sports Medicine, Lameness, Dentistry  
And Minor Surgery

1875 Rainbow Dr. NW  
Lancaster, OH 43130  
[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
Emergency Only 1-800-216-6050  
Email [crumequine@juno.com](mailto:crumequine@juno.com)

## Prepurchase Examination

To be completed by the seller:

Seller Information	
Seller Name:	
Address:	
Phone Number:	
Agent Name:	
Address:	
Phone Number:	
Seller Veterinarian:	
Past/Current Use of Horse:	

Horse Information	
Registered Name	Breed
Barn Name	Gender
Age	Height/Weight
Color/Markings	Tattoo/Brand



**David J Crum, DVM**  
**Stephanie K Huebner, DVM**  
 Sports Medicine, Lameness, Dentistry  
 And Minor Surgery

1875 Rainbow Dr. NW  
 Lancaster, OH 43130  
[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
 Emergency Only 1-800-216-6050  
 Email [crumequine@juno.com](mailto:crumequine@juno.com)

Medical History	Describe
How long have you owned this horse?	
Has this horse had a negative coggins within the last 12 mths?	
Please list deworming history for the last 12 mths	
Please list vaccination history for the past 12 mths. Were they given by Veterinarian?	
Please describe veterinary exams in the past 12 mths.	
Please describe feed and supplements for the last 12 mths	
When was this horse last trimmed/shod?	
Where is this horse kept? Pasture/Dry Lot/Stable/Etc.	



**David J Crum, DVM**  
**Stephanie K Huebner, DVM**  
 Sports Medicine, Lameness, Dentistry  
 And Minor Surgery

1875 Rainbow Dr. NW  
 Lancaster, OH 43130  
[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
 Emergency Only 1-800-216-6050  
 Email [crumequine@juno.com](mailto:crumequine@juno.com)

<b>Please describe training/performance history (i.e. race horse, jumper, cutting horse, etc)</b>
<b>Please describe work level in the last month. Dates and what the activity was.</b>

Medical History	Yes	No	Explanation
Has this horse ever had colic?			
Does this horse have any history of lameness or other orthopedic problems?			
Does this horse require/or has the horse ever required corrective shoeing?			
Has this horse ever had X-rays taken?			
Does this horse have any history of neurologic disease?			
Any history of respiratory problems or bleeding?			
Has this horse been given any medical treatment to perform (i.e. joint injections, calming agents)			



**David J Crum, DVM**  
**Stephanie K Huebner, DVM**  
Sports Medicine, Lameness, Dentistry  
And Minor Surgery

1875 Rainbow Dr. NW  
Lancaster, OH 43130  
[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
Emergency Only 1-800-216-6050  
Email [crumequine@juno.com](mailto:crumequine@juno.com)

<b>Has this horse taken any medication in the last 30 days?</b>
<b>Is this horse under the effects of any medications currently?</b>
<b>Has this horse ever tied up?</b>
<b>Has this horse ever had surgery? (i.e. colic, castration, throat, tail blocking, neurectomy, etc)</b>
<b>If mare, Is she in foal or has she been exposed to a stallion?</b>
<b>If mare, has she ever been bred? Did a pregnancy result?</b>
<b>If mare, has she ever had any past breeding or foaling problems?</b>
<b>Does this horse have any bad habits/stable vices (cribbing, wind-sucking, weaving, biting)?</b>
<b>Has this horse ever had a vaccine reaction?</b>

The statements above are true and complete to the best of my knowledge. This horse has not received any medication of any kind in the last three weeks (except as mentioned above).



**David J Crum, DVM**  
**Stephanie K Huebner, DVM**  
Sports Medicine, Lameness, Dentistry  
And Minor Surgery

1875 Rainbow Dr. NW  
Lancaster, OH 43130  
[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
Emergency Only 1-800-216-6050  
Email [crumequine@juno.com](mailto:crumequine@juno.com)

In order to improve the ability to obtain quality radiographs and to do a thorough dental exam and any other exams that will require the horse to remain still, the horse may need to be sedated. Seller has given approval to sedate said horse if needed to obtain radiographs.

Signature of Seller: \_\_\_\_\_ Date: \_\_\_\_\_