			Equine	Vetting Red	quest Form and Please complet		
Purchaser's Name				Current Owners N	Name		
Address of Purchaser				Address of Owner	r		
Postcode				Postcode			
Phone No(s)				Telephone			
Email				Email (if known)			
Currently a Client?		Yes / No		Currently a Client	Currently a Client? Yes		
If both parties are clients, have they been made aware that this is the case, that there is a potential for conflict of interest, and that the seller must allow the animal's medical records to be released to the purchaser before the vetting examination can proceed? Yes / No / NA Name and address where horse is							
Has the purchaser been informed that they must ensure that at these premises, the horse can be stabled prior to the examination, so that it can be presented in a clean relaxed state. That there is an area that can be darkened to examine the eyes. That there is a flat level yard to stand the horse on for observation of conformation. That there is a suitable 40-50 meter, flat level track to trot the horse up. That there is a suitable arena or grass field that is cut or grazed, flat and free form stock and in a suitable condition for the horse to be safely ridden. That there will be a competent handler and rider available during the examination. Yes / No							
Directions to Horse							
			Details of th	ne Horse			
Name of Horse	Stable Name						
Stated Age				Height			
Breed	Co			Colour			
Sex	Va			/alue			
What are the intended							
Are there any points o animal?	f concern rega	urding the					
Is the animal to be insured? Yes / No			Are there specific	insurance co. requirer	ments for this vetting?	Yes / No	
What are those insurance company requirements?							
						 	
Does the Purchaser require a Limited Vetting (Stages 1 and 2 only) Yes / No.						Yes / No	

Yes/No/NA

Has the Purchaser been sent a Request form for a Limited PPE?

Does the Purchaser require a Full Vetting (Stages 1 to 5)							
Have you informed the purchaser that if they require a Limited PPE, that these examinations consist solely of a preliminary examination at rest. Including a general, visual and manual examination, auscultation of the heart and lungs, examination of the eyes including with an opthalmoscope, then observation in hand at the walk and the trot. The purchaser accepted and understood that the such a limited examination may not reveal certain conditions which may have been discovered during the course of a full 5 stage examination. In addition the purchaser must complete and return a Limited PPE request form before the examination is undertaken?							
Advice on Warranties: Have you informed the Purchaser that if they wish to obtain a warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to examination or the animal's existing performance as a hunter, show-jumper, riding pony, eventer etc., that they are advised to seek such warranty in writing from the vendor, as these are matters between vendor and purchaser and are not the responsibility of the veterinary surgeon.							
This form was completed by							
On (date)		At (time)		am/pm			
Credit Card Details (For Purchasers who are not current clients)							
Name on Card		Card Type					
Expiry Date		Valid From					
Issue Number		3 digit Security Code					

Galedin Veterinary: Pre-Purchase Examination Worksheet

Name of Horse				Limited PPE authorization form returned			Yes	Yes / No / N/A	
Weather									
Place of Examination			Date			Time			
	Vendor's Declaration								
How long has the horse been owned by the vendor?			For how long has the person signing the declaration known the horse?				j this		
Is the Horse Currently in Work? Yes / No			Has the Horse been Stabled Prior to Examination?					Yes / No	
Has this horse received any Medication within the last 4 weeks?			Yes / No	Has this horse had any previous or current episodes of Lameness?					
Has this horse had any previous or any current Illness or Medical Problems?			Yes / No	Has this Hors	Has this Horse had any previous Surgery? Yes / No			Yes / No	
Does this Horse Exhibit any Behavioural Abnormalities or have any Vices? (Circle any applicable)		Yes / No	Cribbing	Wind- Sucking	Weaving	Kicking			
		1 '	applicable)	Box Walking	Head Shaking	Biting	Rearing		
				Clipping	Loading	Shoeing	Other		
What is the Horse's	normal Food?		Dry Hay	Haylage	Soaked Hay	Other	ner		
Are all horse on this	yard fed this way?		Yes / No		<u> </u>	1	<u> </u>		
What is Horse's normal Bedding?			Straw	Paper	Shavings	Lives Out	Other	Other	
Are all horse on this	yard bedded this w	ay?	Yes / No						
How is the Horse no	ormally kept?		Stabled	At Grass	In & Out	Other			
When was the Horse	e last shod?								
I give permission for a blood sample to be taken from the animal named below. Yes / No									
Notes relating to the	vendor's declaration	n:							
I hereby warrant that I am the owner/agent of the owner of the above named animal and declare that to the best of my knowledge the answers to the above questions are answered correct.									
SignedName (in Block									
Capitals)DateDate									