



CANTERBURY EQUINE CLINIC

EQUINE REFERRAL CENTRE

499 Springs Road, Prebbleton 7604. Telephone (03) 349-4791

staff@canterburyequine.co.nz

Pre Purchase Owners Statement

Owners Name:.....

Address:

Mobile:Email:.....

Horses Name..... Breed:.....

Age:.....Colour:.....Sex:.....

Sire:.....Dam:.....

Horse's Usual Veterinary.....Practice:.....

Agents Name:.....

Address:.....

Mobile.....Email:.....

How long have you been acquainted with this horse?.....

How long have you had this horse under your personal care?.....

Do you have any knowledge of any of the following? If yes, please explain briefly:

Past or present disease? Yes/No _____

Bleeding from the nostrils? Yes/No _____

Signs of Colic? Lameness? Yes/No _____

Accidents? Yes/No _____

Vices (Stable or being ridden)?Yes/No _____

Abnormalities? Yes/No _____

Surgery? Yes/No _____

Medications (Particularly recent)?Yes/No _____

Is the horse a head shaker? Yes/No _____

Has the horse ever suffered from Ryegrass staggers Yes/No _____

Has the horse recently been examined by another veterinarian Yes/No _____

Use to which you understand the horse will be put? _____

Do you have any knowledge of past performance this horse was proposed use? _____

Is the horse currently in work Yes/No How long has the horse been training /spelling _____

Name of Owner/Agents Name _____

Signature of Owner/ Owners Agent _____ Date _____