

VIRGINIA EQUINE IMAGING-PPE HISTORY
To be filled out by Seller or Agent fax to: (540) 687-4665

Date: _____ Buyer's Name: _____
Seller's Name: _____ Phone: _____
Seller's Fax: _____
Seller's Address: _____

Agent: _____ Phone: _____
Current use of horse: _____

Amount of work horse currently in:
Days per week: _____
Approx. # Minutes/workout _____

Has horse been out of work for greater than 1 month in the past 2 yrs?

Name of horse: _____ Markings: _____
Age: _____ Breed: _____ Sex: _____ Color: _____

Questions:

How long have you owned or known the horse? _____

When was the horse last vaccinated? _____

When was the horse last dewormed? _____

When is the date of the horse's last Coggins? _____

Does the horse have any medical problems? NO YES

Do you know of any past medical problems? NO YES

Does the horse have any vices? NO YES

Has the horse ever had surgery? NO YES

Is the horse currently on any medications/ supplements? NO YES

Has the horse ever been on medications? NO YES

Has the horse had prior joint injections? NO YES

If you answered yes to any of the above questions, please explain:

I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by Dr. Allen or Associate for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/ Agent