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MARY E. RIORDAN, D.V.M.

**PREPURCHASE DISCLOSURE**

To be filled out by Seller or Agent and faxed to: 717-235-5425 or email to info@greenglenequinehospital.com

Date: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Seller's Name: \_\_\_\_\_

Seller's Address: \_\_\_\_\_

Seller's Fax: \_\_\_\_\_ Seller's email: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent's phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Age: (Estimated) \_\_\_\_\_ (Known) \_\_\_\_\_ Tattoo: \_\_\_\_\_ Brand: \_\_\_\_\_

Markings: \_\_\_\_\_

Current Use of Horse: \_\_\_\_\_

Type & Duration of work: *past 3 mos* \_\_\_\_\_

*past 3 weeks* \_\_\_\_\_ *past 3 days* \_\_\_\_\_

**Seller Information**

How long have you had this horse? \_\_\_\_\_

Has the horse been on any medication recently? \_\_\_\_\_

If so, why? \_\_\_\_\_

Has the horse been lame? \_\_\_\_\_

If so, where and why? \_\_\_\_\_

Has the horse had prior joint injections? \_\_\_\_\_

Has there been any surgery done? \_\_\_\_\_

Is the horse currently on any supplements? If yes, please list: \_\_\_\_\_



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Does this horse exhibit any bad habits or dangerous behavior? \_\_\_\_\_

Does this horse have any vices (cribbing, weaving, etc.)? \_\_\_\_\_

Any respiratory noises, coughing, bleeding, or discharge? \_\_\_\_\_

If a female, has she been exposed to a stallion or is she pregnant? \_\_\_\_\_

Any other abnormality to be disclosed? \_\_\_\_\_

**Vaccination History (dates)** Provided By: \_\_\_\_\_

Rabies \_\_\_\_\_ Tetanus \_\_\_\_\_ Encephalitis \_\_\_\_\_ Potomac Horse Fever \_\_\_\_\_  
Strangles \_\_\_\_\_ Flu \_\_\_\_\_ Rhinopneumonitis \_\_\_\_\_ West Nile Virus \_\_\_\_\_  
Other \_\_\_\_\_

**Past History** Provided By: \_\_\_\_\_

**Coggins (EIA) test past year:**

**Deworming:** (past 6 months product and date)

**Past Prepurchase History:**

**Past Lameness History:**

**Past Surgical History:**

**Past Medical History** (include any previously diagnosed abnormalities):

Are there any loading, unloading or transporting problems experienced with this horse? Yes \_\_\_\_ No \_\_\_\_

If yes 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 Green Glen Equine Hospital for the purpose of determining the health status of the horse listed above prior to sale. To the best of my knowledge the above statements are correct.

Signature of Seller

Print

Date

PH 717.235.4312 • FAX 717.235.5425 • www.greenglenequinehospital.com

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