

PRE-PURCHASE EXAMINATION – Prospects (3 – 6 Years Old)

CANADIAN WARBLOOD HORSE BREEDERS' ASSOCIATION – ALBERTA CHAPTER



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PPE Due April 14th, 2025

Auction: **Spring Prospect Sale – 2025**

Date of Sale: **May 1st – May 4th, 2025**

To be Completed by the Seller

HORSE INFORMATION: (Horse Identity to be confirmed by the veterinarian)

Registered Name: _____ DOB: _____

Barn Name: _____ Colour: _____ Breed: _____

Markings: _____

Gender: Gelding Mare Stallion Microchip #: _____

Veterinarian signature: **X** _____

Is the horse to be insured: Yes All sold horses will be insured for 10 days with BFL Insurance

Intended use for horse: Prospect

SELLER'S NAME and ADDRESS:

Name: _____ Phone: _____

Street: _____ Cell: _____

City: _____ Prov: _____ Postal Code: _____ Email: _____

AGENTS NAME and ADDRESS: (if applicable)

Name: _____ Phone: _____

Street: _____ Cell: _____

City: _____ Prov: _____ Postal Code: _____ Email: _____

Seller's name: _____

Horses Name: _____

MEDICAL and HEALTH HISTORY – To be filled out by seller

In Current work? Yes No Days per week? _____ Level of work: _____

Most Current Farrier work: Shod Trim Date: _____ Duration of Current ownership? _____

Last Deworming: (type | date) _____

Vaccination(s): All sale horses must have current vaccinations (age appropriate) for EEE & WEE, Tetanus, Flu, Rhino, West Nile:

(type | date) _____ Additional Vaccinations: (type | date) _____ Yes No

Medication(s): Is the horse receiving or has it received medication in last 6 Months? (Incl Ulcer treatment) Yes No

List All _____

Any known lameness, fractures, tendon or ligament injury?: If Yes, when and Describe, attach report if needed
_____ Yes No

Has the horse to your knowledge undergone any surgery or is surgery being contemplated? (Including castration if within the last twelve months or for any OCD / Bone Chips)? If yes, when and attach report. Yes No

Previous Surgery(ies)? If yes, when and attach report _____ Yes No

Has the horse ever suffered from any colic, ulcers or other intestinal or digestive disorder? Yes No

Has the horse ever suffered from melanomas, sarcoid, warts or any other type of growth? Yes No

Previous issues that required veterinary attention? _____ Yes No

Has the horse had a neurectomy or had a fasciotomy? If yes date and attach report. _____ Yes No

Vices: Cribbing Weaving Head shaking Biting Other _____ Yes No

During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or obstetric work or received any other form of treatment for remedial purposes including farrier. Has the horse received steroidal, non-steroidal, anti-inflammatory, or analgesic medication? If yes attach report. Yes No

SELLERS DECLARATION: To the best of my knowledge, the answers to the above questions are correct and true
Signature of Seller: X _____ Date: _____

Note to potential buyers it is Highly recommended that you have your own, trusted Veterinarian examine X-rays and attached vet report

Seller's name: _____

Horses Name: _____

Oral Exam:

Mucous membranes: _____ Halitosis: _____

Tongue: _____ Bite/ Range of motion: _____

Dental Exam: _____ Date of last float: _____

Ears:

Attitude for handling: _____ Mobility: _____

Aural Plaques: _____ Other: _____

Genital Exam:

Visual: WNL _____ Palpation: Yes No _____

Musculoskeletal Examinations

Physical Palpation/ Manipulations

LF: _____ RF: _____

LH: _____ RH: _____

Neck / Back: _____

Hoof Testers

Shod: Yes No Type: _____

LF: _____ RF: _____

LH: _____ RH: _____

Movement and Neurological Exam

Walk Straight Line: _____ Hard Surface Soft Surface

Trot Straight Line: _____ Hard Surface Soft Surface

Trot Left Circle: _____ Hard Surface Soft Surface

Trot Right Circle: _____ Hard Surface Soft Surface

Back Up with head elevated: WNL _____

Tight Circle: WNL _____ Nervous system: WNL _____

Flexion Test ** Reminder - Flexion Test Must be videoed **

		0	1	2	3	4	5			0	1	2	3	4	5
LF:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RH:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=No response 1= Mild 2=Mild to Moderate 3=Moderate 4=Moderate to Severe 5= Severe

Blood Collected

Blood must be collected and stored for a period of 3 months to be used for drug screening at the buyers and/or Sale Administration discretion Collected Stored

Coggins *Required to attend Presentation Days*

Yes Date: _____

Seller's name: _____

Horses Name: _____

Radiographic * MUST BE IN DICOM FORMAT

Checklist of what radiographic views are required – 20 views in total

Areas Examined	Views Taken					
	Lat	DP	60° PDLMO	30° DPLMO	Skyline	Other
LF Navicular					<input type="checkbox"/>	
RF Navicular					<input type="checkbox"/>	
LF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				
RF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				
LH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				
RH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				
L Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L Stifle	<input type="checkbox"/>	<input type="checkbox"/>				
R Stifle	<input type="checkbox"/>	<input type="checkbox"/>				
Additional views: These are not required						
LF Foot						
RF Foot						
L Carpus						
R Carpus						

Comments / Summary

I hereby verify that the findings listed above are true, and to the best of my ability, representative of the horse's health and soundness of this day only. This exam is to assist the buyer in choosing a horse to suit their needs and expectations, and is not predictive of the horse's future and continued health and soundness. Continued health and soundness are variable factors that are influenced by age, use and environmental circumstances. The veterinarian assumes no other responsibility for the horse's certification of well-being beyond the extent of this exam. Should the prospective buyer wish to obtain a warranty covering matters such as exact height/age, freedom from vices, the non-administration of medications prior to today's examination, the horses breeding performance, the horse's health and soundness or athletic performance, the buyer should seek such a warranty from the seller, as these matters are not the responsibility of the veterinarian performing this examination.

Veterinarian: _____

Date: _____

Signed: X _____

*** Note to potential buyers the x-rays have not been interpreted by the attending veterinarian. It is highly recommended that you have your own veterinarian review all documents as well as x-rays. ***