

CANADIAN WARMBLOOD HORSE BREEDERS ASSOCIATION – ALBERTA CHAPTER

PRE-PURCHASE EXAMINATION – Due April 20, 2021



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Auction: PPE for Spring Riding Horse Sale

Date: April 23rd to 26th, 2021

To be Completed by the Seller

HORSE INFORMATION: (All information to be verified by the veterinarian)

Registered Name:	Age:	Colour:
Barn Name:	Markings:	
Breed:		
Sex:	Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/>	Microchip #:
Veterinarian signature: X		
Is the horse to be insured: Yes <input checked="" type="checkbox"/> All sold horses will be insured for 10 days with BFL Insurance		
Intended use for horse: Performance Horse <input checked="" type="checkbox"/>		

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:

OTHER HISTORY incl HEALTH and MEDICAL

In Current work? Yes <input type="checkbox"/> No <input type="checkbox"/> Days per week?	Level of work:
Most Current Farrier work: Shod <input type="checkbox"/> Trim <input type="checkbox"/> Date:	Duration of Current ownership?
Last Deworming: type date	Vaccination(s): type date list all
Medication(s): Is the horse receiving or has it received medication in last 3 Months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Medications:	
Lameness: If Yes, when and Describe?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any known OCD, Bone, Tendon or Ligament issues? If Yes, when and attach report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous issues that required veterinary attention?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Surgery(ies)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vices: Cribbing <input type="checkbox"/> Weaving <input type="checkbox"/> Head shaking <input type="checkbox"/> Biting <input type="checkbox"/> Other <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SELLERS DECLARATION: To the best of my knowledge, the answers to the above questions are correct and true

Signature of Seller: X _____ Date: _____

To be Completed by the Veterinarian

VETERINARY INFORMATION

Name:		Date:	
Examined at:			
Examined by:			

Legend	WNL = <i>Within Normal Limits</i>	BCS = <i>Body Condition Score</i>	NSF = <i>No Significant Findings</i>	NTMK = <i>Not to my knowledge</i>
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GENERAL CONDITION

BCS:	Overweight <input type="checkbox"/>	Slightly Overweight <input type="checkbox"/>	Good <input type="checkbox"/>	Lean <input type="checkbox"/>	Poor <input type="checkbox"/>
Coat Condition:	Describe locations of blemishes:				
Surgical Scars:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Melanoma:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Scars:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sarcoids:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History or evidence of colic?	Yes <input type="checkbox"/>	NTMK <input type="checkbox"/>			
Attitude:					
Heart Rate (Resting):	WNL <input type="checkbox"/>	(bpm)			
Respiratory Rate (at rest):	WNL <input type="checkbox"/>	(rpm)			
Temperature °Celsius:	WNL <input type="checkbox"/>				

Auscultation:

Heart (rhythm, murmurs):	
Respiratory (effort, Quality of sound):	
GI Tract (nature):	

Conformation/Symmetry/ Hoof Balance/Shape:

Forelimbs General:		Hind Limbs General:	
Left Front:		Left Hind:	
Right Front:		Right Hind:	
Any evidence or history of laminitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Any significant defect in conformation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:

Head / Neck:

Symmetry:		Sinus Percussion:	
Eyelids:		Nostrils (airflow/ movement):	
Larynx palpation:		Tracheal Palpation:	
Lymph Nodes:		Motion head/ neck:	

Ophthalmic Exam:

Cornea:		Iris:	
Fundus:		Lens:	
Vestibular-Ocular Response:		Pupillary Light Response:	
Menace Response:		Other:	

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:		Palpation:	
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Musculoskeletal Examinations**Physical Palpation/ Manipulations**

LF:		RF:	
LH:		RH:	
Neck/Back:			

Hoof Testers

Shod:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: _____
LF:		RF:
LH:		RH:

Movement and Neurological Exam

		Hard Surface	Soft Surface
Walk Straight Line:		<input type="checkbox"/>	<input type="checkbox"/>
Trot Straight Line:		<input type="checkbox"/>	<input type="checkbox"/>
Trot Left Circle:		<input type="checkbox"/>	<input type="checkbox"/>
Trot Right Circle:		<input type="checkbox"/>	<input type="checkbox"/>
Back Up with head elevated:	WNL <input type="checkbox"/>	Tight Circle:	WNL <input type="checkbox"/>
Nervous system	WNL <input type="checkbox"/>		

Flexion Test

		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

Note: Blood must be collected and stored for a period of 3 months

Yes

Stored

Coggins

Yes

Drug screen

Yes

Radiography

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

Areas Examined	Views Taken					
	Lat	DP	60° PDLMO	30° DPLMO	Skyline	Other
LF Navicular					<input type="checkbox"/>	<input type="checkbox"/>
RF Navicular					<input type="checkbox"/>	<input type="checkbox"/>
LF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
RF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
LH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
RH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
L Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
R Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
L Stifle	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
R Stifle	<input type="checkbox"/>	<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 _____