

CHICAGO  EQUINE
Medical Center

To be filled out by Seller or Agent fax to: 847-526-9552

Date: _____

Buyer's Name: _____

Seller's Name: _____ Phone: _____

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: _____ Color: _____

Markings: _____ Age: _____ Breed: _____ Sex: _____

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:

Signature of Seller/ Agent

(Must be 18 or older or have the signature of legal guardian)