

PRE-SALE EQUINE PHYSICAL SURVEY

Horse's Name _____ Breed _____

Year Foaled _____ Color _____ Sex _____

Consignor - First _____ Last _____ Owner Agent

Owner - First _____ Last _____

Date of Examination: _____ Place of Examination: _____

Medical History (Colic, Founder, Surgery, Intestinal Disorders, Lameness, Respiratory, Nerves, etc.)

Clinical Evaluation

Body Temperature: _____ Eyes: _____ Mouth: _____

Skin: _____ Tumors: _____ Scars: _____

Cardiovascular (Heart Rate /Respiratory): _____

Evidence of Bleeder: _____ Gastrointestinal / Feces: _____

Neurological / Musculoskeletal: _____

Equine Physical Exam

Indication of Lameness: _____ Evidence of Founder or Laminitis: _____

Feet: Left Fore: _____ Right Fore: _____

Left Hind: _____ Right Hind: _____

Limbs (Examine for lameness, enlargements, abnormalities)

Left Fore: _____ Right Fore: _____

Left Hind: _____ Right Hind: _____

Urogenital (Penis, Testicles, Prepuce) (Vulva, Vagina, Urethral Orifice, Cervix): _____

Broodmares - Vaginal Exam: Culture (on open mare being offered as broodmare): _____

Broodmares - Pregnant: _____ If open - Palpation (Ovaries, Uterus, Cervix): _____

Comments, Observations and Recommendations: _____

Examining Veterinarian: _____ Date: _____

Address: _____

Phone: _____

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