

**Broad Run Veterinary Service, Inc**  
33715 Snickersville Turnpike  
Bluemont, VA 20135  
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**PURCHASE EXAM HISTORY**  
To be filled out by Seller or Agent

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

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

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

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

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Current use of horse: \_\_\_\_\_

Amount of work horse currently in: \_\_\_\_\_

Name of horse: \_\_\_\_\_ Markings: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**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 test? \_\_\_\_\_

Does the horse have any medical problems?	N__	Y__
Do you know of any past medical problems?	N__	Y__
Does the horse have any vices?	N__	Y__
Has the horse ever had surgery?	N__	Y__
Is the horse currently on any medications and/or supplements?	N__	Y__
Has the horse ever been on medications?	N__	Y__
Has the horse had prior joint injections?	N__	Y__
If you answered yes to any of the above questions, please explain: _____		

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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 Dr. Broaddus/Newcomb for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller or Agent: \_\_\_\_\_