



# Dr. Danielle Fritz DVM. INC.



1180 Cherry Point Road Cowichan Bay  
Phone: 250.710.9594

Date: \_\_\_\_\_ Buyer Name: \_\_\_\_\_

Seller Name: \_\_\_\_\_ Phone: # \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: # \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Markings: \_\_\_\_\_

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

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

Amount of work the horse is currently in:

Days per week: \_\_\_\_\_

Approx # minutes/workout \_\_\_\_\_

Has horse been out of work for greater than 1 month in the past 2 years? \_\_\_\_\_

How long have you owned or known the horse? \_\_\_\_\_

When has the horse last vaccinated and vaccinated against? Circle:

West Nile, Tetanus, EEE, WEE, Influenza, Rhinopneumonitis, Rabies, Strangles

When was the horse last de-wormed: \_\_\_\_\_

When is the date of the horse's last Coggins? \_\_\_\_\_

Have you had a lameness that required work up? YES NO

If Yes, please explain: \_\_\_\_\_

Does the horse have any medical problems: YES NO

Do you know of any past medical problems: YES NO

Does the horse have any vices? YES NO

Has the horse ever had surgery? YES NO

Is the horse currently on any medications? YES NO

Is the horse currently on any supplements? YES NO

Has the horse had any joint injections? YES NO

Has the horse had Osphos or Tildren? YES NO

If you answered YES to any of the above questions, please explain: \_\_\_\_\_

Name of veterinarian the horses care has been under this past year: \_\_\_\_\_

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. Fritz / MacDonald for the purpose of determining the health status of the horse listed above prior to sale.

Signature of Seller/Agent \_\_\_\_\_