

PRE-PURCHASE EXAMINATION – Broodmare / Foal

CANADIAN WARBLOOD HORSE BREEDERS' ASSOCIATION – ALBERTA CHAPTER



Contact: Kailey Parkin
Tel: (403) 869-2945
Website: www.canadianwarmbloodauction.ca

Box 789, Irricana, AB T0M1B0
Email: admin@cwauction.ca

PPE Due September 22nd, 2024

Auction: **Fall Classic Sale – 2024**

Date of Sale: **October 18th – 21st, 2024**

To be Completed by the Seller

HORSE INFORMATION: (Horse Identity to be confirmed by the veterinarian)

Registered Name: _____ DOB: _____

Barn Name: _____ Colour: _____ Breed: _____

Markings: _____

Gender: Gelding Mare Stallion Microchip #: _____

Veterinarian signature: **X**

Is the horse to be insured: Yes All sold horses will be insured for 10 days with BFL Insurance

Intended use for horse: Breeding

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: _____

Seller's name: _____

Horses Name: _____

MEDICAL and HEALTH HISTORY – To be filled out by seller

In Current work? Yes No Days per week? _____ Level of work: _____

Most Current Farrier work: Shod Trim Date: _____ Duration of Current ownership? _____

Last Deworming: (type | date) _____

Vaccination(s): *Must be administered between May 1st, 2024 and October 1st, 2024* All sale horses must have current vaccinations (age appropriate) for EEE & WEE, Tetanus, Flu, Rhino, West Nile and Pneumabort if more than 5 months pregnant:(type|date) _____ Additional Vaccinations: (type|date) _____ Yes No

Medication(s): Is the horse receiving or has it received medication in last 6 Months? (Incl Ulcer treatment) Yes No

List All _____

Any known lameness, fractures, tendon or ligament injury?: If Yes, when and Describe, attach report if needed
_____ Yes No

Has the horse to your knowledge undergone any surgery or is surgery being contemplated? (Including castration if within the last twelve months or for any OCD / Bone Chips)? If yes, when and attach report. Yes No

Previous Surgery(ies)? If yes, when and attach report _____ Yes No

Has the horse ever suffered from any colic, Ulcers or other intestinal or digestive disorder? Yes No

Has the horse ever suffered from melanomas, sarcoid, warts or any other type of growth? Yes No

Previous issues that required veterinary attention? _____ Yes No

Has the horse had a neurectomy or had a fasciotomy? If yes date and attach report. _____ Yes No

Vices: Cribbing Weaving Head shaking Biting Other _____ Yes No

During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or obstetric work or received any other form of treatment for remedial purposes including farrier. Has the horse received steroidal, non-steroidal, anti-inflammatory, or analgesic medication? If yes attach report. Yes No

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

Signature of Seller: X _____ Date: _____

Note to potential buyers it is Highly recommended that you have your own, trusted Veterinarian examine X-rays if available and attached vet report

Seller's name: _____

Horses Name: _____

To be Completed by the Veterinarian

VETERINARY INFORMATION

Name: _____ Date: _____

Examined at: _____

Examined by: _____

Legend	WNL = Within Normal Limits	NSF = No Significant Findings	NTMK = Not to my knowledge
---------------	----------------------------	-------------------------------	----------------------------

GENERAL CONDITION

Body Condition Score: Overweight Slightly Overweight Good Lean Poor

Coat Condition: Describe locations of blemishes: _____

Surgical Scars: Yes No _____ Melanoma: Yes No _____

Other Scars: Yes No _____ Sarcoid: Yes No _____

History or evidence of colic? Yes NTMK _____

Attitude: _____

Heart Rate (At Rest): WNL (bpm) _____

(After 5-10 min work): WNL (bpm) _____

Respiratory Rate (at rest): WNL (rpm) _____

Temperature °Celsius: WNL _____

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 No Describe: _____

Any significant defect in conformation? Yes No 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: _____

Seller's name: _____

Horses Name: _____

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: WNL _____ Palpation: Yes No _____

Musculoskeletal Examinations

Physical Palpation/ Manipulations

LF: _____ RF: _____

LH: _____ RH: _____

Neck / Back: _____

Hoof Testers

Shod: Yes No 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"/> _____		

Blood Collected

Blood must be collected and stored for a period of 3 months to be used for drug screening at the buyers and/or Sale Administration discretion Collected Stored

Coggins *Required for both Mare & Foal to attend Presentation Days*

Must be drawn between 01/06/2024 and 22/08/2024 - Yes _____

Mare confirmed pregnant via ultrasound - Yes _____

Seller's name: _____

Horses Name: _____

Comments:

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 _____

*** Note to potential buyers the PPE information has not been interpreted by the attending veterinarian. It is highly recommended that you have your own veterinarian review all documents. ***