

PRE-PURCHASE EXAMINATION – Performance Horses

CANADIAN WARBLOOD HORSE BREEDERS' ASSOCIATION – ALBERTA CHAPTER



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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: Performance Horse ☒

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 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
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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"/> _____		

Flexion Test ** Reminder - Flexion Test Must be videoed **

		0	1	2	3	4	5			0	1	2	3	4	5
LF:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RH:	Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Distal Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=No response 1= Mild 2=Mild to Moderate 3=Moderate 4=Moderate to Severe 5= Severe

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 to attend Presentation Days*

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

Seller's name: _____

Horses Name: _____

Radiographic * MUST BE IN DICOM FORMAT

Checklist of what radiographic views are required – 20 views in total

Areas Examined	Views Taken						
	Lat	DP	60° PDLMO	30° DPLMO	Skyline	Other	
LF Navicular					<input type="checkbox"/>		
RF Navicular					<input type="checkbox"/>		
LF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>					
RF Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>					
LH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>					
RH Fetlock (include hoof on view):	<input type="checkbox"/>	<input type="checkbox"/>					
L Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R Hock		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
L Stifle	<input type="checkbox"/>	<input type="checkbox"/>					
R Stifle	<input type="checkbox"/>	<input type="checkbox"/>					
Additional views: These are not required							
LF Foot							
RF Foot							
L Carpus							
R Carpus							

Comments / Summary

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 x-rays have not been interpreted by the attending veterinarian. It is highly recommended that you have your own veterinarian review all documents as well as x-rays. ***