FALL ROUND UP
HORSE SALE

HEALTH EXAM

Vet Name: _____ Examination Date: _____

Seller's Name: _____

Address: _____

Phone: _____ Email: _____

Horse's Name: _____

Breed: _____ Color: _____

Sex: _____ Age: _____

OVERALL ASSESMENT OF THE HORSE

Cardiovascular:	☐ Normal	☐ Abnormal	**Mouth/teeth:**	☐ Normal	☐ Abnormal
Respiratory:	☐ Normal	☐ Abnormal	**Ears/Eyes:**	☐ Normal	☐ Abnormal
External genitalia:	☐ Normal	☐ Abnormal	**Integument:**	☐ Normal	☐ Abnormal
Repro Exam:	☐ Normal	☐ Abnormal			

Conformation/locomotion: _____

_____

Shoeing Notes: _____

X-RAYS

Fore Feet: Lateral, DP view and Skyline view.

Tarsus: Lateral oblique and Medial oblique.

Overall Notes/Findings: _____

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