



# ARLINGTON EQUINE LLC Pre-purchase Worksheet



### *Buyer's Statement:*

Date \_\_\_\_\_ Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Buyers Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Agent of buyer: \_\_\_\_\_ Telephone \_\_\_\_\_

Intended use: \_\_\_\_\_

What is the age, size, ability and experience of the intended buyer?

How long have you been acquainted with this horse?

Have you tried this horse? If so, in what fashion?

Of what relative importance are the following to you?

	Very important	Important	Not important
Appearance			
Blemishes			
Performance			
Temperament			
Resale			

How do you rate the suitability of this horse for the intended purpose?

Exceptional \_\_\_\_\_ Adequate \_\_\_\_\_

What type of care (stabling) is anticipated for this horse?

Intensive-(continual care and supervision)

Average-(stabled daily for feeding etc.)

Casual- (on pasture most of the time)

Other Comments, concerns or specific tests requested by the buyer:

Buyer present at the purchase exam?

**Said veterinary purchase examination does not warrant the suitability of the horse for the purpose intended and is expressly limited by my statements and instructions on the depth of the examination desired, the specific tests which I have requested be performed and the fee I have agreed to pay.**

Date \_\_\_\_\_ Signature of buyer \_\_\_\_\_



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### *Seller's Statement:*

Seller's Name

Telephone:

Address

Agent of seller

Telephone:

Horse's name

Age:

Breed

Sex

How long have you been acquainted with this animal?

How long has this animal been under your care?

Do you have any knowledge of past or present:

	yes	no		Yes	no
Lameness			Neurectomies, colic, surgery, bleeding		
Diseases			Use of medications		
Vices			Claims regarding any of the above		
disabilities					

If you answer 'yes' to any of the above questions, please explain.

What use will the horse be put to?

Any knowledge of past performance of this horse in this use?

Estimate the suitability of this horse for the purpose described:

Exceptional \_\_\_\_\_ Adequate \_\_\_\_\_ No opinion \_\_\_\_\_

Name and phone number of seller's veterinarian, and permission to release records.

Vaccination and worming history, date of last Coggins test:

Other Comments by seller:

I am present for the purchase exam:

*I give my permission for the performance of any tests considered necessary by the examining veterinarian, and agree to hold him harmless for the consequences thereof*

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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