



EAST COAST EQUINE

VETERINARY  SERVICE

Address: PO Box 91
33B Kennedy Road
Tranquility, NJ 07879
Office: (908) 852-1300
Fax: (908) 852-1316
Email: info@ecevs.com
Website: www.ecevs.com

To be filled out by Seller or Agent -Please fill out, sign, and fax or e-mail back.

Date: _____ Buyer's Name: _____

Seller's Name: _____ Phone: _____ Fax: _____

Seller's Address: _____

Agent's Name: _____ Phone: _____ Fax: _____

Name of horse: _____

Amount of work horse currently in: Days per week: _____ Approx. # Minutes/workout _____

Current use of horse: _____

Color: _____ Markings: _____ Age: _____ Breed: _____ Sex: _____

Questions:

Has horse been out of work for greater than 1 month in the past 2 yrs? Yes No

How long have you owned or known the horse? _____

When was the horse last vaccinated? _____

When was the horse last dewormed? _____

When is the date of the horse's last Coggins? _____

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/ supplements? Yes No

Has the horse ever been on medications? Yes No

Has the horse had prior joint injections? Yes No

If you answered yes to any of the above questions, please explain: _____

_____ Signature of Seller/ Agent