



EQUINE SPORTS MEDICINE

OF MARYLAND

720 N. Houcksville Road, Hampstead, MD 21074 (866)930-9470

(410)239-2323 Fax (410)374-2901

COOPER WILLIAMS, VMD, DACVSMR

MAGDA STEWART, DVM

Pre Purchase Patient History

Buyer _____

Address _____

Phone _____

Seller _____

Horse Name _____

Sex _____ Age _____ Breed _____

Intended Use _____

Does the horse have any known medical issues past or current? NO YES

Does the horse have any known vices? NO YES

Has the horse had any known surgery? NO YES

Is the horse currently on any medications? NO YES UNKNOWN

Has the horse had any prior joint injections? NO YES UNKNOWN

If you answered yes to any above questions, please explain below:

I, the undersigned, certify that I am the intended buyer of the above described animal. I hereby grant my consent to allow examination procedures for the purpose of determining the health status of the horse listed above prior to purchase.

Signature of Buyer

Date