



veterinary
ASSOCIATES EQUINE

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Owner's or Owner's Agent's Statement

Owner's Name

Address

Phone Number

Agent's Name

Address

Phone Number

Horse's Name Age

Sire Colour

Dam Sex

Breed

How long have you been acquainted with this horse?

How long have you had this horse under your personal care?

Do you have knowledge of any;

1. Past or present disease?
2. Has the horse ever bled from the nostrils? Yes/No - If yes, how long ago?
3. Lameness?
4. Has the horse ever had signs of colic? Yes/No - If yes, how long ago?
5. Accidents?
6. Vices (stable or being ridden)?
7. Abnormalities?
8. Surgery?
9. Medications (particularly recent)?
10. Is the horse a head shaker?
11. Has the horse ever suffered from Ryegrass staggers?

Has this horse been recently examined by another veterinarian?

If so, for what purpose?

Use to which you understand the horse will be put?

Do you have any knowledge of past performance of this horse for the proposed use?
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Is the horse in training/spelling?

How long has the horse been in training/spelling?

Who is the horse's usual veterinary attendant?

Signature of Owner or Owner's Agent

Date