

**VENDORS DECLARATION / SELLER'S WARRANTY**

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Horse's name .....  
Height .....  
Duration of current ownership .....  
Horses's previous and existing use and performance levels.....  
.....  
.....

In current work Yes  No

Was the horse stabled 3 hours prior to examination Yes  No

Received/receiving medication in last 8 weeks Yes  No

Any intra-articular (joint) medications administered in the last 12 mths Yes  No

Previous lameness Yes  No

Previous medical problems Yes  No

Previous problems with back, neck or pelvis regions Yes  No

Previous surgery Yes  No

Vices None  Crib  Weaves  Windsucks

Behavioural Abnormalities None  Head Shaking  Biting  Box Walks   
Other

Bedding Straw  Shavings  Paper  Other

Food Dry Hay  Soaked Hay  Haylage

Husbandry Stabled  At grass  In/Out

Date of last shoeing/trimming:..... Approximate date teeth last rasped:.....

Any other declarations:.....

**VENDOR'S DECLARATION: To the best of my knowledge the answers to the above questions are correct.**

NAME OF VENDOR/AGENT:.....

ADDRESS OF VENDOR/AGENT:.....

SIGNATURE OF VENDOR/AGENT:.....

DATE OF SIGNATURE:.....