



**ADVANCED
EQUINE**
OF THE HUDSON VALLEY

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DR JEREMY D. FREDERICK
 DVM, DACVIM, CVA

DR CHRISTINE WHALIN
 DVM

Buyer Information		Seller Information	
Name: Address: Phone Number E-Mail:		Name: Address: Phone Number:	
Intended Use of Horse:		Past/Current Use of Horse:	
Horse Information			
Registered Name		Breed	
Barn Name		Gender	
Age		Height/Weight	
Color/Markings		Tattoo/Brand	
Duration of Ownership			
Medical History	Yes	No	Explanation
Recent Coggins			
History of Colic			
History of Lameness			
Previous x-rays			
History of Neurologic disease			
History of Respiratory disease			
History of Tie up			
History of pregnancy			
Previous Surgery			
Vaccine Reactions			
Medications in previous 2 months			
Vices (cribbing, wind-sucking, weaving, biting)			
Additional Medical History			
Vaccine/Deworming			
Diet/Supplements			
Current work/training			
Trimming/Shoeing			
Additional Comments:			

The statements above are true and complete to the best of my knowledge. This horse has not received any medication of any kind in the last three weeks (except as mentioned above).

Signature of Seller: _____ Date: _____