



Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service and Haul In Facility

400 Stackstown Road
Marietta, PA 17547
717-361-8700, 717-361-8708 fax
www.kvaequine.com
kvaequine@gmail.com

PRE-PURCHASE HISTORY DISCLOSURE

** Owner or Agent must fill out and sign prior to examination.
Fax (717-361-8708) or Email (kvaequine@gmail.com) completed form**

Date: _____

Buyer's Name: _____ Buyer's Phone Number: _____

Buyer's Email: _____ Buyer's Address: _____

Seller's Name: _____ Seller's Phone Number: _____

Seller's Address: _____

Farm Address (Horse Location): _____

Agent's Name: _____ Agent's Phone Number: _____

HORSE INFORMATION:

Registered Name: _____ Barn Name: _____

Tattoo/Brand: _____ Age: _____

Breed: _____ Sex: _____ Color: _____

Markings: _____

Current Use: _____ Duration of Work: _____

Current Diet: _____

MEDICAL INFORMATION:

How long have you owned the horse: _____

Does the horse have any medical problems (Please list): _____

Is the horse on any medications (Please list): _____

Is the horse on any supplements (Please list): _____

Has the horse ever had surgery (Please explain if yes): _____

Has the horse ever had any joint injections (Please explain, if yes): _____

Does this horse have any vices (Cribbing, weaving, stall walking etc): _____

Are there any respiratory noises heard at rest or during exercise (coughing, wheezing or discharge): _____

Has the horse ever had any chiropractic work or acupuncture: _____

Brian Kopec, D.V.M.
Molly C. Kopec, D.V.M.

Heather M. Crather, D.V.M.
Jessica Benson, D.V.M.



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REPRODUCTIVE:

If a mare, has she ever been pregnant: _____

Has she been recently exposed to a Stallion (if yes, when): _____

If a stallion, has he recently live covered: _____

PREVENTIVE HEALTH: (provide dates last given)

Rabies: _____ EW Encephalitis: _____ Tetanus: _____

West Nile: _____ Influenza: _____ Rhino (Herpes): _____

Potomac Horse Fever: _____ Strangles: _____ Botulism: _____

Other: _____

Coggins (EIA) Test: _____ Fecal Sample Testing (date and count): _____

Deworming(when and product used): _____

Date of last dental float: _____ Date of last trim : _____

** I, the undersigned, certify that I am the owner or authorized agent of the above described animal. I hereby grant my consent to allow the examination procedures to be performed by Kopec Veterinary Associates, PC for the purpose of determining the health status of the horse listed above prior to sale. The information provided above is correct to the best of my knowledge.

Signature of Seller

Date

Brian Kopec, D.V.M.
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