



A division of Vet Services (HB) Ltd

801 Heretaunga Street West

Hastings

Ph: (06) 650 3090

E: vsequine@vshb.co.nz

OWNER'S OR OWNER'S AGENT'S STATEMENT

Owner's Name	Phone
Address	

Horse's Name	Age
Sire	Colour
Dam	Sex
Breed	

Agent's Name	Phone
Address	

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?	Has the horse ever bled from the nostrils? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Lameness?	Has the horse ever had signs of colic? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Accidents?	
4. Vices (stable or being ridden)?	
5. Abnormalities?	
6. Surgery?	
7. Medications (particularly recent)?	
8. Is the horse a head shaker?	
9. 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?	
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

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WAIVER OF INFORMATION – TO BE SIGNED BY VENDOR(S)

Waiver by owner(s)/owners duly authorised agent in respect of confidential information:

I, (owner/owner's duly authorised agent)

agree that [name of veterinary practice]

("the practice") is authorised to obtain and disclose the complete medical and/or treatment history of

[name of horse] ("the horse") held or otherwise

known by the practice whilst under the current ownership to:

(name of potential purchaser).

I am aware I am waiving my right to confidentiality and privacy in terms of the relevant section (such as Professional Integrity) of the Veterinary Council Code of Professional Conduct (or equivalent in subsequent codes) and/or contract and/or common law and that the practice has no control over or responsibility for how that information is used or disclosed once disclosure has been made.

I am aware that the practice is, in this isolated instance, acting on behalf of the potential purchaser of the horse and that the practice will be examining the horse at the potential purchaser's request. Any information obtained or revealed during this examination is confidential to the potential purchaser and will not be disclosed to me without the potential purchaser's consent, which may or may not be obtained, at the sole discretion of the potential purchaser.

I will not hold the practice or its employees, directors or agents liable in any way in respect of the potential purchaser's decision to purchase or not to purchase the horse.

Signed by	Name
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(Signature)

(Print Name)

On	(date) at	(place)
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