



A division of Vet Services (HB) Ltd

801 Heretaunga Street West

Hastings

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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