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Seller's Statement

Date: _____ Buyer's Name: _____

Seller's Name: _____ Phone #: _____ Fax#: _____

Seller's Address: _____

Agent: _____ Phone #: _____

Name of Horse: _____ Registration #: _____

Age: ____ Breed: _____ Color: _____ Sex: ____ Markings: _____

_____ Current Use of Horse: _____

Amount of Work Horse Currently in: _____ Days per week: _____

Approximate # of Min/Workout: _____

Has horse been out of work for greater than 1 month in the past 2 years? _____

Questions:

- How long have you owned or known the horse? _____
- When was the horse last vaccinated? _____
- When was the horse last dewormed? _____
- When is the date of the horse's last coggins? _____
- Does the horse have any medical problems? No _____ Yes _____
- Do you know of any past medical problems? No _____ Yes _____
- Does the horse have any vices? No _____ Yes _____
- Has the horse ever had surgery? No _____ Yes _____

Seller's Statement (continued)

- Is the horse currently on any medications/supplements? No _____ Yes _____
- Has the horse ever been on medications? No _____ Yes _____
- Has the horse had prior joint injections? No _____ Yes _____
- If you answered yes to any of the above questions, please explain: _____

To the best of my knowledge, the above named and described horse has no history of lameness, or other than that previously described, and has not been given medication of any kind for at least 72 hours, unless noted above.

Signature of Seller/Agent

Date