



**Cannon Veterinary Services**  
31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



**PRE-PURCHASE INFORMATION FORM**

Veterinarian: Tom Winter DVM Date: \_\_\_\_\_

**Prospective Purchaser:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Three # code on back of card \_\_\_\_\_ Visa Master Card

**Current Owner/Agent:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Horse (where is Prepurchase going to take place)

Directions if needed \_\_\_\_\_

**Name of Horse:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Sex:  Mare  Gelding  Stallion

Registration # \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Stated Age: \_\_\_\_\_

Intended Use of horse: \_\_\_\_\_

EIA/Coggins Test results: \_\_\_\_\_ Date \_\_\_\_\_

Lab if done elsewhere \_\_\_\_\_

Where will the horse be going or stabled at \_\_\_\_\_

When will the horse be leaving \_\_\_\_\_

When do they need the health certificate? \_\_\_\_\_

Will the seller pick up the Health Certificate and EIA form? \_\_\_\_\_

Or should we mail it to the buyer or seller? \_\_\_\_\_

**Support Staff should assist Dr. Winter and complete all of this information on the Prepurchase form.**

- Seller or current owner fills out Prepurchase exam History
- Seller or owner signs bottom right corner of Health Certificate if needed
- Seller or owner signs-13 Prints-14 Dates-15 of Coggins form

**After Dr. Winter has completed filling in the Prepurchase results, the staff will make a copy to be filed in the seller's record.**

**The original copy will be mailed to the Buyer.**