Seller's declaration in respect of the sale of a horse

The horse							
Name of horse							
Sex		Breed/ type		Age		Colour	
The horse has been in the ownership of the seller since							
The horse is in work	Yes / No			If yes, describe			
Passport number				Microchip number			

The following is completed to the best of my knowledge and belief		
Has the horse received any medication during the past 30 days?	Yes / No	If yes, describe
Has the horse been lame?	Yes / No	If yes, describe
Has the horse received intra-articular joint medications in the last 12 months?	Yes / No	If yes, describe
Has the horse had any medical problems (such as colic, skin problems, coughing)?	Yes / No	If yes, describe
Has the horse had any surgical treatment?	Yes / No	If yes, describe
Has the horse had any reproductive problems?	Yes / No	If yes, describe
Has the horse demonstrated any vices (such as cribbing, windsucking, weaving)?	Yes / No	If yes, describe
Has the horse demonstrated behavioural abnormalities (such as head-shaking, box-walking, biting)	Yes / No	If yes, describe

The horse is routinely	Stabled / at grass / both
When stabled, is bedded on	Straw / shavings / paper / other If other, describe:
Is fed	Dry hay / soaked hay / haylage / other If other, describe:
Was last shod/trimmed on	/ /
Was last vaccinated on	/ /
Vaccinations were for the following diseases	
Was last tested for worms or dewormed on	/ /
Provide details	
Last underwent dental examination / routine rasping	/ /
Provide details	

As the of the horse described above, I declare that the information provided here is true and accurate.			
Name and address of			
Signature of		Date	/ /