

Full Seller's Declaration in Respect of the Sale of a Horse (for use during Covid-19 restrictions)

(*Delete as appropriate)

Name of The Horse			
Breed/Type		Sex	Age
The Horse has been in the ownership of the seller since		/	/
The Horse IS* or IS NOT* in work. [If in work describe the work]			
The Horse WAS* or WAS NOT* stabled prior to the pre-purchase examination			

To the best of my knowledge and belief **The Horse**:

- **HAS*** or **HAS NOT*** been lame. [If has been lame describe the lameness]
- **HAS*** or **HAS NOT*** had medical problems. [If has had medical problems describe the problems]
- **HAS*** or **HAS NOT*** had surgical treatment. [If has had surgery describe the surgery]
- **HAS*** or **HAS NOT*** demonstrated any vices. [If has demonstrated vices describe]

Cribbing?

Windsucking?

Weaving?

Other(s)?

- **HAS*** or **HAS NOT*** demonstrated behavioural abnormalities. [If has demonstrated behavioural abnormalities describe]

Head Shaking?

Box Walking?

Biting?

Other(s)?

- Is routinely kept/managed **STABLED*** or **AT GRASS*** or **IN and OUT***
- If stabled, is bedded on **STRAW***, **SHAVINGS***, **PAPER***, **OTHER** [describe]

- Was last shod on / /
- Was last vaccinated on / / [If vaccinated describe the conditions vaccinated against]

- **HAS*** or **HAS NOT*** received any medication during the past 30 days [If has received medication describe what medication has been given, at what dose, and when]

I DO* or **DO NOT*** accept the risks associated with the pre-purchase examination, including those posed by the ridden stage, to both the horse and those persons involved.

I DO* or **DO NOT*** give permission for The Horse to be sedated for the following procedures: [e.g. radiography]



COVID-19



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As the **SELLER*/AUTHORISED AGENT OF THE SELLER*** of **The Horse** described above I declare that the information provided here is true and accurate. **I consent to a blood sample being taken from The Horse** for the benefit of the prospective purchaser and their appointed veterinary surgeon and for my personal data to be passed to and processed by LGC Ltd, Newmarket Road, Fordham, Cambs, CB7 5WW in connection with the blood sample or where there is any other lawful basis.

Name and Address of Seller/Seller's Agent:

Signature of Seller/ Seller's Agent:

Date:

/ /