



Eastern
Lancaster
County
Veterinary
Clinic

EQUINE COMPREHENSIVE EVALUATION Seller Disclosure

Name of Horse _____

Buyer _____

Seller _____

I certify that in the last 90 days the horse listed above has not received any medications, liniments, nutraceuticals, or supplements, others than those listed below. Furthermore, I understand that the buyer has been given the option to collect blood for a drug screen, and the blood may be stored up to two months before testing. I have disclosed all known vices and flaws of this horse.

Product	Use	Dose	Duration

Seller's signature _____ Date _____