The Pre-purchase Examination

If you are considering a horse for purchase, we would ALWAYS recommend that you have a 5 stage pre-purchase examination ‘a vetting’. This will decrease your risk chances of buying someone else’s problems!

General Information

The 5 stage pre-purchase exam follows a set protocol. There are 5 stages to complete; each stage follows on from the one before. The vet performing the examination must not be the vet that provides routine care for the horse as that creates a conflict of interest.

The horse should either be unshod or have shoes on all 4 feet. The horse must be stabled for several hours before the vetting and a stable or dark environment must be available for the eye examination. Following the examination, the vet gives an opinion on whether the results of the examination are likely to prevent the horse being used for the purpose required. Therefore the horse is examined in context of a particular intended use. Something that might render a horse unsuitable for showing might be perfectly acceptable in a general riding horse. It is important to realise that the results of a pre-purchase examination apply only to one point in time – when the horse is examined. Although it is important to identify potential problems, it does not give any assurance as to what may happen in the future.

The 5 Stages of the Pre-Purchase Exam

Stage 1: Preliminary Examination at Rest

The owner of the horse, if present, is asked to complete and sign a seller’s declaration that then becomes part of the veterinary certificate. Questions relate to the horse’s medical history, temperament, whether the horse is currently receiving medication and knowledge of any vices. A full clinical evaluation of the horse is performed at rest. All body systems, including the eyes and teeth are examined. Conformation, foot shape and shoeing details are also noted. The feet will be tested for soreness using hoof testers.

Stage 2: Examination at Walk and Trot

The horse’s gait is assessed while being lead ‘in-hand’ at the walk and trot. A straight, even surface is essential. Any lameness or unevenness is noted. If the horse is lame, the pre-purchase is usually stopped at this point. Turning and backing the horse up allows assessment of coordination of movement. Flexion tests are performed to increase loading of individual joints. The joint(s) are held in full flexion for 30-60 seconds and then the horse is immediately trotted away.
Stage 3: Examination During and Immediately After Strenuous Exercise

The aim of this stage of the examination is to assess the horse’s gait at speed, to aid detection of upper airway obstructions such as ‘roaring’ and to assess the horse’s cardiovascular response to strenuous exercise. The type of exercise will depend on the intended use the horse is being purchased for but generally the level of intensity should have the horse sweating and its heart rate up to 120 beats / minute.

Stage 4: Examination During the Cool Down Period

The aim of this stage of the examination is evaluate the speed of recovery. The level of fitness is taken into consideration when recovery is prolonged. The horse is usually given 20-30 minutes to recover and cool down during this time, the eye and dental examination from Stage 1 are often performed and the horse’s I.D. sketched.

Stage 5: Second Walk and Trot Up

The horse is walked and trotted to see if the preceding period of exercise followed by rest has induced any lameness that was not noticeable during the preliminary stage of the examination. Flexion tests are also usually repeated.

Ancillary Tests

Blood Samples

The DVEP routinely collects blood from horses at pre-purchase examination unless specifically asked not to. This blood sample is then sent to a central laboratory where it is held for a period of 6 months. If any lameness or behavioural issues arise in these 6 months the purchase can ask to have the blood tested for substances such as pain killers and sedatives.

Radiographs

X-rays may be recommended for vettings of high level performance horses. These usually include x-rays of the feet, fetlocks, knees and hocks. Care needs to be taken in interpreting radiographs as it is common to find changes that do not relate to a clinical problem. Therefore any changes should always be interpreted in conjunction with the clinical examination.

Endoscopy

If a noise is heard at exercise, further evaluation of the upper airway by endoscopy may be recommended.