



* Dr. James M. Hamilton * Dr. Thomas M. Daniel

Seller/Owner Disclosure Form

Seller/Owner: Lizzie Alberga Phone #: 310-745-3138

Address: 203 Cristys Circle, West End, NC 27376

Name: Monty Breed: Friesian / Percheron X DOB/Age: 13/14 yrs Sex: M

Color/Markings/Tattoo: Black + Star

Horse's Current Diet: _____

Stable Vices: Slight cribbing post eating

Current deworming program: 2x a year Last dewormed: _____

Current vaccination schedule: Per vet recommendation Last vaccinated: Prestige V + WNV 1/28/26, Rabies 8/8/25

Last coggins test: 1/28/26 Last fecal: unknown Last Dental Float: May 22, 2025

1. How long have you owned the above named horse? 3 years

2. Was a pre-purchase exam performed? yes If so, what was the result? _____

no findings other than weakness / fitness needed

3. Is the horse currently receiving any injectable/oral medications or feed supplements? Text

If so, please list: _____

4. Has the horse received any of the following? (Please provide dates for all yes answers)

Joint Injections: yes no _____ 1-2 x a year stifles injections - July 2025

Medical treatment for colic: yes _____ no _____

Acupuncture/chiropractic: yes no _____ on and off as needed - not in last 12 months

Surgery: yes _____ no _____

Radiographic exam: yes _____ no _____

Ultrasound exam: yes no _____ check for ulcers

5. Has the horse become lame under your care? no

If yes, please describe lameness including date: _____

6. Has the horse ever had/been treated for any major medical issues? no

If yes, please list: _____

7. What is the horse's current level of work? on-season hunting in 2nd flight and hacks (30-60 min) 2-4x a week.

8. Has the horse ever had any breathing or allergy issues (head shaking)? no

If yes, please list: _____

Seller/Owner signature: [Signature] Date: 5/4/26