

# THE PURCHASE OF HORSES AND VETERINARY CERTIFICATION

It cannot be emphasized too strongly that would-be purchasers of a horse should, whenever possible, have it examined by a veterinarian, and should not complete the purchase until they have in their possession the certificate indicating the result of this examination.

A buyer may not consider this necessary when the seller can produce a recent certificate of such an examination, but nevertheless the wisest plan is to obtain an independent opinion because the animal may not have shown symptoms of a serious defect previously.

Should the buyer wish to have the animal on trial, he must remember that nothing must be done to it, such as removing a mane or replacing the shoes (even if those the animal is wearing require removal) until he has made up his mind whether to retain or return, because should he do so, it constitutes 'purchase' and legally the seller is entitled to refuse return.

The buyer must understand that, from the standpoint of the veterinarian, the animal can only be classified as suitable or unsuitable for purchase. The veterinary certificate will list the defects detected in the horse and offer an opinion on the significance of the fault in relation to the purpose for which the animal is being purchased - for example, racing, dressage or breeding. Very often a prospective buyer may have noticed a particular vice, and he should always mention this to the veterinarian because some vices or bad habits are not always found at the time of an examination for purchase. He should also remember that a veterinary certificate does not indicate freedom from vice. Nevertheless the seller is under an obligation to disclose to the buyer any vice or bad habit that is within his knowledge as failure to do so can nullify the transaction and the animal can be returned.

Traditionally the maxim *cautat emptor* (see p. 672) has been the rule of the law, and a party who has bought a defective horse has no remedy, unless there is evidence either of express warranty or of fraud. In the general sale of a horse the seller only warrants it to be an animal of the description it appears to be and nothing more; if the purchaser makes no inquiries as to its qualities and it turns

out to be unfit for use, he cannot recover against the seller.

Recently consumer legislation has altered this situation and sales have been nullified on the basis of manifest or 'hidden' defects being shown to have been present before or at the time of sale. The current situation, including the professional liability of a veterinarian who undertakes an examination for purchase, is discussed in chapter 50.

### Common conditions rendering a horse unfit for purchase

It is impossible to lay down rules for conditions that render horses fit or unfit for purchase. All decisions must take account of the future use for which the horse is required and, to a certain extent, the value placed on the individual. For example, a horse with partial vision may be suitable for purchase for breeding while being unsuitable for all athletic duties. Similarly, a horse with total laryngeal hemiplegia (paralysis) will usually be considered unfit for purchase for racing or breeding, but will be capable of use as a hack or even as a hunter.

However, it is helpful to consider the most common defects of the organ systems which are likely to appear on veterinary certificates.

**Defects of eyes** Absence of an eye, collapse of an eye, any form or size of corneal opacity, lenticular or capsular cataract, paralysis of the iris, or blindness from any cause constitute serious defects. Inflammation or injury of the iris and pupil (iridocyclitis) and loss of orbital pressure may be an indication of periodic ophthalmia and should be considered a serious defect. Phorbophobia and conjunctivitis may be temporary or indicative of a more serious problem. Other more subtle abnormalities detected with an ophthalmoscope are rare but usually serious - for example, retinal atrophy.

**Defects of wind (the respiratory system)** The chief abnormalities of wind are laryngeal hemiplegia (whistling or roaring), chronic obstructive pulmonary disease (COPD, broken wind), coughing and bleeding.

The main respiratory disorders are discussed in detail in chapter 2. However, in relation to purchase the condition of laryngeal hemiplegia, frequently demonstrated clinically as an abnormal inspiratory noise described as a 'whistle' or a 'roar', has been the cause of great controversy in recent years. Examination of the upper airway of horses has been greatly facilitated by the introduction of flexible fibre-optic endoscopes which allow visual examination of the larynx before and after exercise. Thus, the examination of wind of highly priced horses will often involve exercise and endoscopic tests. The results of such examinations have not always been simple to interpret. The laryngeal paralysis (usually left-sided) may be partial or complete. Cases of partial paralysis may or may not produce abnormal inspiratory noises and detectability of the noise may be altered by the fitness of the horse or concurrent respiratory infection.

There is little doubt that many horses with partial paralysis perform satisfactorily. However, the progressive nature and probable heritability of the defect make unreserved recommendation of affected horses impossible.

Other respiratory sounds are emitted under exertion by some horses, but unless they are connected with disease, injury, operation or acquired alteration of structure, they should not be regarded as unsoundness of wind. High-blowing may be due to excitement (showing condition or freshness). It should, and often does, disappear with exercise or as the horse settles down to steady work.

The term 'bleeding' is more correctly called exercise-induced pulmonary haemorrhage (EIPH — see p. 51; see also epistaxis — p. 32). As this name suggests, affected horses bleed into the substance of the lung during strenuous exercise and this may adversely affect their performance. After exercise blood passes into the respiratory tract and may appear at the nostrils, particularly as the horse lowers its head. Endoscopic examination of horses worldwide shows that a high percentage of horses have blood in their trachea (windpipe) after exercise. A smaller number show bleeding at the nostrils. Nevertheless, clinical evidence or a history of bleeding constitutes a serious abnormality sufficient to advise against purchase for strenuous athletic duties.

Persistent purulent nasal discharges may be bilateral, related to infectious bacterial or viral diseases, or unilateral in cases of sinusitis or guttural pouch disease. Coughing is a common sign of respiratory disease and may be related to infection or allergy and may be temporary or persistent. Purchase should be delayed until coughing has ceased or the condition investigated to the purchaser's satisfaction.

**Defective limb or action** Lameness, if present in any degree is a serious abnormality. The cause is immaterial. The action may be peculiar or objectionable, such as dishing, but when due to conformation it does not amount to lameness. Stringhalt is a definite defect and shivering a serious one, which is often rapidly progressive.

Thickening or inflammation of tendons, especially the flexor tendons of the forelimbs, must always be considered a serious defect when purchasing a horse for athletic duties. Such tendon strains are frequently recurrent despite treatment. Osteoarthritis of joints is of great significance when related to lameness or pain, but many mature horses may be unaffected by old injuries and even fractures. In these cases the examining vet's opinion is all-important.

Incoordination of the hindlimbs or all four limbs must always be regarded as a serious defect. The most common cause in young horses is pressure on the spinal cord in the neck region (the wobbler syndrome — see p. 274). Other causes are traumatic injuries to the head and neck and certain infections such as the neurological form of rhinopneumonitis and protozoal encephalomyelitis (seen in horses imported from the USA).

**Existing disease or effects of disease or accident** Diseases of the heart, respiratory and digestive systems, urinary and genital organs, skin, feet and eyes all constitute serious abnormalities. Dribbling of the urine may be due to a calculus or sabulous (gritty) accumulation in the bladder or congenital malformation. If diarrhoea is present, it must be noted; it may be temporary but the purchaser should await its disappearance. Sometimes profuse staling occurs when the animal is being ridden: this may be only a peculiarity of temper, but must be mentioned. For disorders of these systems, see the relevant chapters.

**Blemishes** Any blemish, such as scars or fring marks, devalue a horse but may be of no consequence if the animal is not lame. Broken knees may indicate a tendency to fall in some cases, the significance of which will depend upon the work the horse may have to perform. All blemishes must be mentioned. Capped hocks and elbows do not interfere with work but some people object to them as an eyesore.

**Vices and bad habits** When these impair the natural usefulness of the animal, they will render it unfit for purchase. Several may pass unnoticed at the time of the examination, for example, windsucking. A horse that is a crib-biter or a windsucker must be rejected. A windsucking horse is said to 'crib in the air', that is, without seizing any object or supporting the chin, and the habit produces no abnormal wear of the teeth as in crib-biting. Weaving wears out the forelimbs and leads to an unsteady gait. Box walking and weaving may cause horses to lose body condition rapidly. These vices may be temporary, associated with a change of environment or separation from companions. A distinction must be drawn between vice and mere force of habit. It is sometimes the case that a horse may prove unsuitable to the new owner and may develop bad habits as a result of this (see chapter 42).

**Defective conformation** This is largely a matter of taste or opinion: a horse should not be rejected because of 'bad shape'. Naturally there is a great difference of opinion among veterinarians, judges and owners, and reference should be made to chapter 44.

#### **Responsibility of the examiner for purchase**

The responsibility is to the one who pays the fee and the opinion given after the examination may be oral or written. The latter is preferable.

The veterinary profession has received very clear instructions on both the method of examination and the type of certificate to be used. The procedure is laid down in the Royal College of Veterinary Surgeons/British Veterinary Association Joint Memorandum, *The Examination of Horses on Behalf of a Purchaser* (revised edition), BVA Publications, London, 1974. All veterinary certificates should be issued on these forms; where insufficient space is