

## PRE-PURCHASE EXAM REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Location of Exam: \_\_\_\_\_

Attending Exam for the Buyer:  Buyer  Agent  Trainer  Rider

### Exam Requests:

Depending on the medical history, exam findings, and intended use of the horse, various services are available to help you in your purchase decision. The veterinarian will discuss the applicability of the tests with you at the time of the exam.

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|---|--|
| <input type="checkbox"/> <b>Clinical &amp; Moving Examination:</b> This examination includes a thorough standing physical examination and motion evaluation. The veterinarian will determine the motion evaluation required based on physical exam findings, temperament and training level of the horse, and suitability of the exam location. | <input type="checkbox"/> <b>Drug Screening:</b> Blood may be submitted for pharmaceutical testing including anti-inflammatory medications and sedatives. |
| <input type="checkbox"/> <b>Radiographs &amp;/or Ultrasound:</b> Digital imaging is available stall-side at the time of the exam.   | <input type="checkbox"/> <b>Blood Storage (30 days):</b> Blood samples may be stored for 30 days upon request.   |
| <input type="checkbox"/> <b>Bloodwork CBC/Chemistry:</b> This includes standard CBC /chemistry evaluation for general health assessment. Additional testing available upon request.   | <input type="checkbox"/> <b>Coggins Test (EIA):</b> Government Certified testing for Equine Infectious Anemia.   |
|   | <input type="checkbox"/> <b>Health Certificate:</b> Health Exam Certification for horses leaving BC for travel to USA.                                   |

Additional Requests or Notes:

Method of Payment:  Credit Card  Debit/E-transfer  Cash

I acknowledge the examination findings will reflect the horse's condition at the time of the exam, and selected services I have requested will determine the effectiveness and completeness of the exam.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_