

316 Vernedale Dr. Mount Vernon, Ohio 43050 740-397-6958

EQUINE PRE PURCHASE EXAM

Credit/ Debit Card & Authorization for Exam Client Service Agreement

Buyer Name:									
State:	Z	ip Code		Home Pł	none:		Cell:		
DOB:									
Horse Informa	ation:								
Registered Name:			_Barn Name:						
Anticipated di	iscipline/c	areer/u	se:						
Location/Stab	oled at:								
Billing Inform	ation: ** (Credit ca	rd Informat	tion/Payment	t REQUIRED	for Pre Pu	ırchase Ex	ams.	
Name of Cred	lit Card Ho	older as	isted on Ca	rd:					
Check one:	Visa	MC	AmEx	Discover	CareCred	it			
Credit Card Number:Security Co						E×	p Date:		
Credit Card Bi	illing Addr	ess (if di	fferent fron	n Prospective	Buyers)				
							1.4		
Signature givi	ng autnor	ization t	o charge ca	ra once pre-p	urchase exa	m is comp	nete:	Date:	

Pre-Purchase exams start at \$350. This includes our ambulatory fee, full physical exam, ophthalmic and dental exam. This also includes a lameness exam with standard flexions if tolerated by patient. If radiographs are requested they are \$249.50 for a four view joint radiograph and additional joints are \$99 each. We also provide an upper airway exam and/or gastric scoop that is \$285. If requested we can run a complete blood count and an equine profile for \$149. Sedation is additional. **Additional testing will be individually estimated. **Evaluation of radiographs taken will be performed and submitted with complete written report in 5 business days.

Disclaimer: It is important to remember that the pre-purchase examination can only give the information about the horses' health and condition on that day of the exam. While this information is very important, it is unfortunately never a complete picture. Many factors that impact the horse's health are not necessarily detectable on the day of exam. The veterinarian cannot predict the horse's future and no guarantee can be issued.

The role of the veterinarian in the pre-purchase exam is not a "pass" or "fail" the horse. Instead it is to help you, the buyer, to make a more informed decision by providing information about the horses' health. Ultimately the decision to purchase this animal can only be made by the prospective buyer.

Signature:	Date:								
Day of Exam: Scheduled:									
Who will present the horse at the Exam:									
Contact number for Buyer on Exam Day if not present: Prepurchase Exam Options: **Additional testing may be added per discussion between the attending veterinarian and buyer at time of exam. Please select the basic scope of work desired at this exam:									
Coggins Test \$50									
Health Paper Needed - \$35 Destination:									
X-rays List Joints:									
Est. Total									
Bloodwork:									
Complete Blood Count/15 Point Blood Chemistry									
Thyroid Screen									
Any other testing, toxicology, etc									
Airway Evaluation/Scope at restafter we	ork								
Reproductive:									
Mare: Stallion:									
Reproductive UltrasoundBreeding Sound	ness EvaluationUterine Culture								
**Scope of exam depends upon how the stallion									
Biopsy is trained to collect.									
Estimated Total Cost:									

Signature:_____Date:_____