

Mount Vernon Animal Hospital
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: _____
Home Address: _____
City: _____ State: _____ Zip Code _____
Home Phone: _____ Cell: _____
DOB: _____ SSN: _____

Horse Information:
Registered Name: _____ Barn Name: _____
Breed: _____ Age: _____ Sex: _____ Color: _____
Anticipated discipline/career/use: _____
Location/Stabled at: _____

Billing Information: **Credit card Information/Payment REQUIRED for Pre Purchase Exams.

Name of Credit Card Holder as listed on Card: _____
Check one: ___ Visa ___ MC ___ AmEx ___ Discover ___ CareCredit ___
Credit Card Number: _____ Security Code: _____
Exp Date: _____
Credit Card Billing Address (if different from Prospective Buyers)

Signature giving authorization to charge card once pre-purchase exam is complete:
_____ Date: _____

Pre-Purchase exams start at \$193. 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 \$225 for a four view joint radiograph and additional joints are \$85 each. We also provide an upper airway exam and/or gastric scoop that is \$225. If requested we can run a complete blood count and an equine profile for \$116. 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:

___ Complete Physical Exam and Flexion Tests, Hoof Tests

___ 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 rest ___ after work

Reproductive:

Mare:

___ Reproductive Ultrasound

___ Uterine Culture

___ Biopsy

Stallion

___ Breeding Soundness Evaluation

**Scope of exam depends upon how the stallion is trained to collect.

Estimated Total Cost: _____

Signature: _____ Date: _____