



# EQUINE VETERINARY SERVICES

Dr J. A. Barnwell M. V. B.

Dr P Lubbe B.V.Sc.

31 Luck Road, Hodgsonvale, Queensland, 4352

ABN 90 669 022 629

## PRE PURCHASE EXAMINATION REQUEST

### Purchasers Request

Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Intended Use: \_\_\_\_\_

Name of Purchaser: \_\_\_\_\_ Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Contact: \_\_\_\_\_

Address for Examination of Horse: \_\_\_\_\_

### Purchasers Declaration

I hereby request that a veterinarian from Equine Veterinary Services perform a pre-purchase examination on the horse described above. I understand that the examination will be carried out substantially in accordance with the Australian Equine Veterinarians Association guidelines.

I request in addition, the following specialist procedures (tick those required):

#### *Radiography:*

Feet: Left Fore: \_\_\_\_\_ Right Fore: \_\_\_\_\_ Left Hind: \_\_\_\_\_ Right Hind: \_\_\_\_\_

Fetlocks: Left Fore: \_\_\_\_\_ Right Fore: \_\_\_\_\_ Left Hind: \_\_\_\_\_ Right Hind: \_\_\_\_\_

Knee: Left: \_\_\_\_\_ Right: \_\_\_\_\_

Hock: Left: \_\_\_\_\_ Right: \_\_\_\_\_

Stifle: Left: \_\_\_\_\_ Right: \_\_\_\_\_

*Blood/Urine Drug Screening:* \_\_\_\_\_ *Other Laboratory tests(please specify):* \_\_\_\_\_

*Upper Airway Endoscopy:* \_\_\_\_\_

*Breeding Examination, including ultrasound and palpation of ovaries and uterus:* \_\_\_\_\_

*ECG:* \_\_\_\_\_ *Ultrasonography (please specify area to examine):* \_\_\_\_\_

*Examination of posterior chamber of eye and retina (will require a specialist examination):* \_\_\_\_\_

I undertake to use this information solely for the pre-purchase evaluation of this horse at this time, and will not divulge this information to any third party, or use it for any other purpose. I accept responsibility for the payment of the professional fees associated with this examination. Please Note: Payment is required prior to issue of Final Report.

Signed: \_\_\_\_\_ Purchaser/Agent. Date: \_\_\_\_\_

Payment can be made by Direct Debit or Credit Card.

Direct Debit: BSB No. 084-944, Account No. 814720074, Account Name: Equine Veterinary Services.

Credit Card: Card Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Office/Accounts: 07 4630 9983

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