



# EQUINE VETERINARY SERVICES

Dr Zak O'Brien B.V.Sc.

Dr John Barnwell M. Va. B.

Dr Jane Howes B.V.Sc.

Dr Casey Vorbach B.V.Sc.

31 Luck Road, Hodgson Vale, Queensland, 4352

ABN 53 660 889 636

## PRE-PURCHASE EXAMINATION REQUEST

### PURCHASER'S REQUEST:

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

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

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

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

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

### PURCHASER'S 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.

Please note: The cost of the pre-purchase examination is \$510.00 and must be paid for in advance.

Specialist Procedures listed below are an additional charge. Travel is charged at \$2.90 per km.

### SPECIALIST PROCEDURES:

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

#### **Radiography**

1<sup>st</sup> joint = \$419.00

Subsequent joint = \$170.00

Sport Horse = \$1375.00

Feet: -

Fetlocks: -

Knees: -

Hocks: -

Stifles: -

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

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

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

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

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

Upper Airway Endoscopy = \$215.00 \_\_\_\_\_

ECG = \$210.00 \_\_\_\_\_

Breeding Examination, including ultrasound and palpation of ovaries & uterus with certificate = \$132.00 \_\_\_\_\_

Ultrasonography Contact reception for price. Please specify area to examine \_\_\_\_\_

Examination of posterior chamber of eye & retina Contact reception for price. Will require a specialist examination \_\_\_\_\_

Other Laboratory Tests (please specify): \_\_\_\_\_

### PAYMENT:

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.

Payment details must be provided, and a charge of \$510.00 will be taken prior to the pre-purchase examination being performed. Any additional charges will be processed prior to issue of the pre-purchase examination report.

Credit/Debit Card/Mastercard: Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_

Purchaser/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_