



# EQUINE VETERINARY SERVICES

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## PRE-PURCHASE EXAMINATION REQUEST

### PURCHASER'S REQUEST:

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

Sex: \_\_\_\_\_ 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.

### SPECIALIST PROCEDURES:

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

#### **Radiography**

Feet: -	Left Fore: _____	Right Fore: _____	Left Hind: _____	Right Hind: _____
Fetlocks: -	Left Fore: _____	Right Fore: _____	Left Hind: _____	Right Hind: _____
Knees: -	Left: _____	Right: _____		
Hocks: -	Left: _____	Right: _____		
Stifles: -	Left: _____	Right: _____		

**Blood/Urine Drug Screening:**

**Upper Airway Endoscopy:**

**ECG:**

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

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

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

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

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 the cost of the pre-purchase examination is \$482.00 and must be paid for in advance. 'Specialist Procedures' listed above, as well as any travel, are an additional cost.**

### PAYMENT:

**Payment details must be provided and a charge of \$482.00 will be taken prior to the pre-purchase examination being performed. Any additional costs will be processed prior to issue of the pre-purchase examination report.**

**Credit/Debit Card:** Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Agent

Office/Accounts: 07 4630 9983

Fax: 07 4630 9984

[www.equineveterinaryservices.com.au](http://www.equineveterinaryservices.com.au)

Email: [admin@equineveterinaryservices.com.au](mailto:admin@equineveterinaryservices.com.au)