



To be filled out by buyer or agent; email to chaparralah@gmail.com

BUYER PREPURCHASE REQUEST FORM

Date/location of pre-purchase exam: _____

Buyer's name and address:

Phone (C): _____ (H) _____ (W) _____

Email: _____

Will buyer be present at exam: *Yes* *No* Will agent be present at exam: *Yes* *No*

Name of agent to buyer _____ Agent's phone number _____

Name of Horse (registered and barn) _____

Age: _____ Breed: _____ Color: _____

Markings/brands: _____ Height: _____

Sex: Mare Stallion Gelding Registration #, tattoo, or microchip: _____

Intended Use/Level: _____

History of use: _____

Seller's name: _____ **Phone number:** _____

Payment information: It is CVMC's policy to have payment information prior to pre-purchase examination date. Your credit card will be charged at completion of the exam, unless you prefer to pay by check or cash in person at the time of exam. The pre-purchase examination reflects the health and soundness of the horse on the day of evaluation and is no guarantee of the future performance, suitability, health or soundness of the horse.

Type of card: VISA MasterCard AMEX Discover

Credit card #: _____ Exp. Date: _____

Vcode (3 digit on back of CC or 4 digit on front of AMEX): _____

Billing address (if different from above) _____

Signature of Buyer/Agent

Date

Buyer's requests:

For all Pre-Purchase examinations, our baseline requirements include a comprehensive physical examination, including evaluation of the eyes, heart, lungs, legs, feet and the horse in motion. From there, the exam can be tailored to the buyer's wants and needs, deemed necessary to make an informed decision about purchase.

Please indicate if you are interested in following diagnostic options to aide in the pre-purchase examination. Please visit our website at www.cvmcequine.com for further information and explanation of each option.

Radiographs (x-rays)

If yes, please choose from the following:

LF Feet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
RF Feet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
LH Feet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
RH Feet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
LF Fetlock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
RF Fetlock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
LH Fetlock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
RH Fetlock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Left Carpus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Right Carpus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Left Hock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Right Hock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Left Stifle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Right Stifle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Neck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Abdomen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TBD* <input type="checkbox"/>
Other:	_____		

Ultrasound

Yes No TBD*

If yes, please describe the region: _____

Reproductive Exam

Yes No TBD*

Endoscopic Exam

Yes No TBD*

If yes, please choose from the following:

Upper Airway <input type="checkbox"/>	Gastric <input type="checkbox"/>	Dynamic Evaluation <input type="checkbox"/>
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Coggins Test

Yes No TBD*

Blood Profile

Yes No TBD*

Metabolic Testing

Yes No TBD*

If yes, please choose from the following:

ACTH <input type="checkbox"/>	Insulin <input type="checkbox"/>	Leptin <input type="checkbox"/>	Thyroid <input type="checkbox"/>
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Fecal Parasite Test

Yes No TBD*

Drug Screening

Yes No TBD*

Genetic Testing

Yes No TBD*

If yes, please choose from the following:

PSSM <input type="checkbox"/>	HERDA <input type="checkbox"/>	HYPP <input type="checkbox"/>	Other <input type="checkbox"/>
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Nuclear Scintigraphy (Bone Scan)

Yes No TBD*

If yes, please choose from the following:

Full Body <input type="checkbox"/>	Back/Neck <input type="checkbox"/>	Forelimb <input type="checkbox"/>	Hindlimb <input type="checkbox"/>
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MRI (Magnetic Resonance Imaging)

Yes No TBD*

If yes, please describe the region: _____

*TBD (to be determined) indicates that the diagnostic will be discussed further with the examining veterinarian.



PRE-PURCHASE EXAMINATION

Dear Client,

The pre-purchase examination is a “moment in time” examination of a horse to help medically define that horse’s suitability for its intended use. The examination not only includes a thorough physical examination but also typically includes a variety of ancillary tests tailored to the potential buyer’s needs and budget. This evaluation will consider the horse’s history, future use, age and discipline.

The clinical evaluation includes a thorough physical examination of the horse’s eyes, heart, lungs, mouth and teeth, skin, legs, hooves, and neurologic status. For animals intended for breeding purposes, we also recommend a thorough examination of the reproductive tract.

The examination is performed for the buyer. It is the buyer’s responsibility to inform the veterinarian of any known past history and the desired purpose of the horse. The buyer must also select which ancillary diagnostic testing (i.e. bloodwork, radiographs, drug testing, etc.) that they would like to select for the animal being evaluated (see PPE buyer information sheet). Pre-purchase examinations can range in price depending on which tests are selected and are a valuable asset to the buyer to determine if the horse will likely be suitable for its intended purpose.

As a veterinarian performing a pre-purchase examination, the buyer must understand that we are being asked to give our professional and medical opinion on the horse’s suitability and overall health for its intended use. We cannot predict the future on any horse. We give the most educated opinion that we can based upon the horse on the day of evaluation. It is impossible for a veterinarian to be certain that no sub-clinical problems exist. It should also be understood that the veterinarian does not issue a guarantee or warranty on the exam. If this agreement is made between the buyer and seller, the veterinarian will not be involved.

Horses do not “pass” or “fail” pre-purchase examinations. The buyer is given as much information from their veterinarian as possible to make an informed decision about purchase of the animal. The buyer is then able to determine if the horse is going to be a good fit for their desired use. Radiographs and other diagnostic test results are a legal part of a medical record and they are the property of the veterinarian and the financially responsible party (the buyer) and can be requested after evaluation.

I have read and understand the above letter:

Client/Agent: _____

Date: _____



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SELLER DISCLOSURE FORM:

Seller's name and address: _____

Phone: (C)_____ (H)_____ (W)_____

Email:_____

Will you be present at the exam: *Yes* *No*

Agent acting on behalf of seller: _____ Agent's phone number: _____

Name of horse:_____

Age:_____ Breed:_____ Color: _____

Height: _____ Sex: Mare/Stallion/Gelding Registration #, tattoo, microchip:_____

Markings: _____

Amount/type of work currently: _____

Past use and levels: _____

Use horse is being sold for: _____

How long have you known and owned this horse? _____

To your knowledge:

1. Does the horse have current or historical medical issues? *Yes* *No*
2. Has the horse ever had any lameness issues? *Yes* *No*
3. Have radiographs (X-rays) been taken for any reason? *Yes* *No*
4. Has the horse been out of work for any significant time period? *Yes* *No*

If any of the above answers are yes, please explain:



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5. Is your horse on any medications (including oral or injectable joint supplements)?
Yes No

6. Has the horse had any medications in the last 7 days? Yes No

7. Has the horse ever had surgery? Yes No

8. Has the horse ever had a joint or joints injected? Yes No

9. Has the horse had eye issues? Yes No

10. Has the horse had a cough, nasal discharge or respiratory issues? Yes No

11. Has the horse had colic or diarrhea or other gastrointestinal issues? Yes No

12. Does the horse have any vices/bad habits? Yes No

13. Does the horse have any problems with head shaking? Yes No

14. Does the horse sweat normally, especially in hot weather? Yes No

15. Has a medical or surgical insurance claim been filed for this horse? Yes No

If any of the above answers are yes, please explain:

16. Date of last vaccination? _____ Date of last deworming? _____
List vaccines and dewormer that was used:

17. Have all past medical records been released to CVMC for this horse? Yes No

If not, please indicate the reason and the records that are missing:

To the best of my knowledge the above information is correct and complete.

Seller/Seller's Agent: _____

Date: _____