**PRE-PURCHASE EXAMINATION REQUEST FORM**

***\*\*Please advise client that all requests are tentative until confirmed by the veterinarian\*\****

Date of Phone Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Examination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examination Type: 2 Stage Examination ⬜ 5 Stage Examination ⬜

($331) ($473)

Is insurance paperwork required to be completed? YES ⬜ NO ⬜

($60)

**PURCHASER DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EHPC Client? YES / NO

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**VENDOR DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EHPC Client? YES / NO

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

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has the vendor agreed to the horse being assessed by an EHPC Veterinarian for the above requested examination? YES ⬜ NO ⬜

If vendor is an EHPC client, are they happy to disclose full medical history on file to the purchaser, and sign a conflict of interest form? YES ⬜ NO ⬜

***\*\*If not, EHPC staff will not conduct PPE due to conflict of interest\*\****

**SPECIAL PROCEDURES REQUESTED** ***\*Not all are possible to be completed on property***

Radiographs? YES ⬜ NO ⬜ ***\*\*Will require undercover power onsite***

Ultrasound? \* YES ⬜ NO ⬜

URT Endoscopy?\* YES ⬜ NO ⬜

ECG/Echocardiography?\* YES ⬜ NO ⬜

**HORSE DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Exercise Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Price: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microchip #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be present during the examination?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is the examination to take place if the horse is not coming into the EHPC?

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Are there any specific requests or pre-existing concerns?

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**SPECIFIC REQUIREMENTS FOR THOROUGH EXAMINATION ON PROPERTY** ***(Purchaser to check with Vendor)***

* A dark windowless stable or room to examine eyes thoroughly
* Level trot up areas, both hard and soft
* Handler capable of trotting the horse
* Rider, tack and area suitable for strenuous exercise ***(5 stage examination only)***
* Firm lunge area (and lunge rein)
* An undercover area with electricity if radiographs are requested

***\*\*If these requirements are not met, the examination may not be able to be conducted, or the results of the examination may be limited\*\****

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**PAYMENT DETAILS** \*\*Office Use Only\*\*

Amount estimated

Pre-Purchase Examination:

Travel Fee:

Special Procedures:

Total:

Owner contacted by veterinarian? YES ⬜ NO ⬜ Contacted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_ Phone / Email?

Appointment confirmed? YES ⬜ NO ⬜ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_