Roseworthy Veterinary Hospital



Pre-Purchase Examination Request Form

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

Date of Phone Call:	Reque	sted Examination	Date:	
Veterinarian:				
Examination Type:	2 Stage Examination [(\$419)		5 Stage Examination (\$583)	
Is insurance paperwor	rk required to be complet	ted? YES [] NO [
PURCHASER DETAILS				
Name:			RVH Client? Y	ES / NO
Postal Address:			_	
Phone Number:				
Email Address:				
VENDOR DETAILS				
Name:			RVH Client? Y	ES / NO
Postal Address:			_	
Email Address:			_	
Has the vendor agreed examination?	d to the horse being asse	ssed by an RVH V YES NO		ve requested
If vendor is RVH client conflict of interest for	t, are they happy to disclom?	ose full medical hi		chaser and sign a
Has written consent b	een received?	YES NO]	

If not, RVH staff will not conduct PPE due to conflict of interest

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SPECIAL PROCEDURES REQUESTED	*Not all are possible to be completed on property			
Radiographs? YES	□ NO □**Will require 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 exam	mination?			
Where is the examination to take p	lace if the horse is not coming into the RVH?			
Are there any specific requests or p	re-existing concerns?			

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
- 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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Date: _____ Time: _____





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 🗌				