

## EQUINE PURCHASE EXAMINATION

The purchase exam that we perform includes an in-depth physical exam and gait analysis. The purpose of the purchase examination is two-fold:

- 1) To provide the prospective buyer with medical information about the horse so that he or she can determine whether or not to purchase the animal.
- 2) To provide a baseline of current data that can be referenced if the horse is purchased and develops future problems.

Decisions regarding suitability and performance of the horse are NOT the responsibility of the veterinarian, and the doctor will give no "pass or fail". The exam is performed and paid for by the purchaser or an agent of the purchaser: it is strongly recommended that they(the purchaser) be present for the exam. The following written report will not be shared with any other parties besides the purchaser, unless he or she give written consent.

The veterinarian will do their best to complete each portion of the following report, but some factors arise that prevent certain portions of the exam from being completed(temperament and training level of horse, location, weather, or footing conditions).

Please be aware of potential conflicts of interest situations, which include our hospital having performed previous work for the seller or agents of the seller, or previous work on the subject horse. We will disclose this if we are aware of such a situation, and it is the purchasers decision whether or not to proceed with the exam. The veterinarian reserves the right to decline performing the exam based on these circumstances.

By signing below you agree that you have been made aware of any potential conflict of interest, and that you are requesting the veterinarians of Valley Veterinary Hospital and/or Cascade East Animal Clinic to perform the purchase exam.

We recommend that you request all available medical history on the subject horse, including medical records, radiographs and labwork. It is the purchaser's responsibility to have theses items sent to us for review prior to the time of the exam.

**The cost of purchase exam is \$304.00.** Additional tests can be performed at an additional charge. **Please call for pricing. Please initial "request" or "decline" for additional tests.**

If you need to discuss any of these with the doctor, you may initial them before the exam is finished.

1) Coggins (EIA) test\* Requested \_\_\_\_\_ Declined \_\_\_\_\_

**\* A negative Coggins, health certificate, and brand inspection is required by law for any out of state shipment of horses.**

2) Health Certificate Requested \_\_\_\_\_ Declined \_\_\_\_\_

3) Equine Blood Panel Requested \_\_\_\_\_ Declined \_\_\_\_\_

4) Fecal Flotation Requested \_\_\_\_\_ Declined \_\_\_\_\_

5) Full Mouth Dental Exam Requested \_\_\_\_\_ Declined \_\_\_\_\_ **\*\* Will require sedation**

A brief oral exam of the front-most teeth is included in the physical exam

6) Radiographs Requested \_\_\_\_\_ Declined \_\_\_\_\_ **\*\* May require sedation**

**Please indicate which anatomical areas requested for xrays; the doctor will discuss this further with purchaser before the exam:**

\_\_\_\_\_

7) Breeding Soundness Exam Requested \_\_\_\_\_ Declined \_\_\_\_\_ **\*\* May require sedation**

8) Other Requests \_\_\_\_\_

**I have read and understand the preceding:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Purchaser Signature)

**Optional:** I hereby consent for Valley Veterinary Hospital/Cascade East to release a copy of the following report

to: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Fill in specific name or "anyone requesting")

Purchasers Written Name: \_\_\_\_\_ Horses Name: \_\_\_\_\_

## PURCHASE EXAMINATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Environmental Conditions: \_\_\_\_\_

Observers/Participants: \_\_\_\_\_

### Purchaser:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail (for X-rays/Report) \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

### Seller:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address where horse stabled: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### Equine Info:

Animal's Barn Name: \_\_\_\_\_ Registered Name: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Tattoo/Brand: \_\_\_\_\_ Registration #: \_\_\_\_\_

Intended Use(s): \_\_\_\_\_

Any specific concerns of purchaser:

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**Completed report will be provided with-in 24 hrs of exam.** Please indicate how you would prefer delivery of report:

\_\_\_\_\_ email \_\_\_\_\_ fax \_\_\_\_\_ mail \_\_\_\_\_ pick-up at clinic

**To be completed by Veterinarian**

Note: WNL=Within Normal Limits

**1. Physical Exam**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Body Condition Score: \_\_\_\_\_

Attitude/Behavior: \_\_\_\_\_

Skin/Coat: \_\_\_\_\_

Lymph Nodes/Lymphatics: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears (external exam): \_\_\_\_\_

Temp: \_\_\_\_\_

Cardiovascular System: \_\_\_\_\_ Heart Rate: \_\_\_\_\_

Respiratory System: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

Digestive System: \_\_\_\_\_

Oral Exam (speculum/no speculum) \_\_\_\_\_

Neurological System: \_\_\_\_\_

Urogenital System (external exam only): \_\_\_\_\_

**2. Conformation Assessment**

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**3. Limb Palpation**

LF: \_\_\_\_\_

RF: \_\_\_\_\_

LH: \_\_\_\_\_

RH: \_\_\_\_\_

Purchasers Written Name: \_\_\_\_\_ Horse's Name: \_\_\_\_\_

**4. Back Palpation:** \_\_\_\_\_

**5. Gait Analysis**

Walk: \_\_\_\_\_

Jog (Straight Line): \_\_\_\_\_

Jog (Circle to Left): \_\_\_\_\_

Jog (Circle to Right): \_\_\_\_\_

Lope/Canter (left lead): \_\_\_\_\_

(right lead): \_\_\_\_\_

Flexion Tests:

**LF** fetlock: \_\_\_\_\_ carpus: \_\_\_\_\_

**RF** fetlock: \_\_\_\_\_ carpus: \_\_\_\_\_

**LH** fetlock: \_\_\_\_\_ hock/stifle: \_\_\_\_\_

**RH** fetlock: \_\_\_\_\_ hock/stifle: \_\_\_\_\_

**6. Hoof Exam**

**LF:** \_\_\_\_\_ hoof testers: \_\_\_\_\_

**RF:** \_\_\_\_\_ hoof testers: \_\_\_\_\_

**LH:** \_\_\_\_\_ hoof testers: \_\_\_\_\_

**RH:** \_\_\_\_\_ hoof testers: \_\_\_\_\_

Additional Comments or Test Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

DVM

Purchasers Written Name: \_\_\_\_\_ Horse's Name: \_\_\_\_\_