

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 these 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:

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

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: _____