HORIZON EQUINE Veterinary Clinic

1625 Angus Campbell Road
Abbotsford BC V3G 2G4
604-826-5089
care@horizonequine.ca

PRE-PURCHASE EXAM

Exam Request – Buyer

BUYER

Name | Phone

Address | Email

Horse name | Intended work or use | Location of exam

Attending the exam for the buyer: ☐ Buyer ☐ Agent ☐ Trainer ☐ Rider

SERVICES REQUESTED

The veterinarian will discuss the appropriate services at the time of the exam. Please indicate any specific services you may wish to request.

- ☐ **Clinical and motion exam**
- ☐ **Diagnostic imaging (radiographs/ultrasound)**
- ☐ **Bloodwork (CBC/chemistry)**
- ☐ **Drug screening**
- ☐ **Blood storage (30 days)**
- ☐ **Equine infectious anemia testing (Coggins)**
- ☐ **Health certificate** – for USA entry

Additional requests or notes

Method of payment: ☐ Credit card ☐ Debit ☐ E-transfer ☐ Cash

PERMISSION & RELEASE

Check and initial each

☐ **Seller's permission.** I confirm the seller has given permission for a pre-purchase examination of this horse, which may include physical and/or motion examination, diagnostic imaging, and blood sample collection. Any sedation required as part of the examination will need the verbal consent of the seller or their representative at the time of the examination. Initials

☐ **Release of liability.** I understand that examining, moving and imaging horses carries an inherent risk of injury, and I release Horizon Equine Veterinary Clinic, its veterinarians and staff from liability for any injury to the horse arising from the examination. Initials

I acknowledge the exam findings reflect the horse's condition at the time of the examination, and that the services selected may determine how comprehensive the exam is.

Buyer name | Buyer signature (Sign or draw here) | Date