



Equine Pre-Purchase Form

Our hospital is pleased to be doing a pre-purchase examination for you and your potential new horse. This is an exciting event and our goal is to make it as stress free as possible. By providing us some information ahead of time, we can be as efficient as possible.

Buyer Name: _____ Phone: _____
 Home Address: _____
 Mailing Address (if different): _____
 Email: _____ Secondary Email: _____
 Current Client at LBEMG? () YES () NO

Seller's Name: _____ Phone: _____
 Ranch or Business Name: _____

Location of Exam (Address): _____

Horse Name: _____ Age: _____ Sex: _____ Breed: _____
 Present Use: _____ Intended Use: _____
 Tattoo / Brand / Microchip: _____ Date Last Shod: _____
 Vaccination History: _____
 Deworming History: _____
 Current Diet: _____ Current Medications: _____
 Medical Issues or Vices: _____
 Special Concerns of Buyer: _____

PROCEDURES REQUESTED:

<u>Examinations:</u>	<u>X-Rays:</u>	<u>Ultrasound:</u>
() Pre-Purchase Exam	() Front Feet	() Other: _____
<u>Bloodwork:</u>	() Hocks	<u>Endoscopy:</u>
() CBC Complete Blood Panel	() Stifles	() Upper Airway
() Endocrine: Insulin/Glucose	() Other: _____	
() Endocrine: ACTH		
() Drug Screen Level 1 - Includes non-steroidal anti-inflammatory drugs only		
() Drug Screen Level 2 - Includes Level 1 + dormosedan, prolixin, promazine group, reserpine		
() Drug Screen Level 3 - Includes Level 1 & 2 + butorphanol triamcinalone acetone, corticosteroid group, methyprednisolone, and bronchodilator group		

I understand that I am financially responsible for the cost of this examination and any additional testing that is performed as part of this evaluation.

Owner/Agent Name: _____ Signature: _____ Date: _____