

REQUEST FOR PRE-PURCHASE EXAMINATION



INSTRUCTIONS FOR PURCHASER

PAGE 1

Please complete the information on this page (page 1) and return it to the hospital prior to the day of the pre-purchase examination.

SAMFORD VALLEY
VETERINARY HOSPITAL

Purchaser name	
Purchaser address	
Purchaser email	
Purchaser phone numbers	
Name of Horse	
Gender, Breed, Age	
Proposed purpose of horse	
Asking price (optional)	

The pre-purchase examination is always conducted on behalf of the individual or party who is buying the horse. As veterinary surgeons, the strict duty of care is to the client who has instructed us to carry out the examination i.e. the purchaser. Any information that is revealed during the examination is for the person or party requesting the examination only.

A pre-purchase examination is an assessment of a horse at a point in time and is designed to identify existing medical or physical conditions and an understanding of how they might impact on the horse's suitability for the intended use. It is not a guarantee or a warranty that the horse will not have problems in the future.

The extent of the examination will vary dependent on the horse's age, desired use, and current state of fitness, as well as the purchaser's expectations and the facilities available. The examination will be carried out in accordance with Equine Veterinarians Australia Guidelines. A standard 2-stage exam includes a thorough clinical examination and evaluation of the horse walking, backing, turning, trotting in a straight line, on the lunge and flexion tests. This takes approximately 1.5-2 hours.

Additional Diagnostics Requested

Please indicate if any of the below are required and contact hospital for additional costs involved. Be aware that some of the procedures below are invasive, require sedation and/or may not be undertaken at the property. The vendor must consent to the use of sedatives and be aware of any side effects of these medications and procedures.

Radiography (list specific areas)			
Gastroscopy		Drug Screening*	COMPLETE PAGE 4
Upper Airway Endoscopy		Other	

**I understand that the results of the drug screening are only valid at the time of collection as part of a bona-fide pre-purchase examination only, are confidential and cannot be used for any other purpose. I understand that the samples are sent immediately to the testing laboratory and cannot be stored to be tested at a later date. I have been advised that the purchase not be completed until the drug screening results are available. IF DRUG SCREENING IS REQUIRED, PAGE 4 OF THIS DOCUMENT MUST BE SIGNED BY THE PURCHASER AND VENDOR*

I Have requested a pre-purchase examination of the above described horse and undertake to use this information solely in the pre-purchase evaluation of this horse, and will not divulge information to any third party, or for any other purpose. I accept responsibility for payment of veterinary fees associated with this examination.

PRINT NAME	SIGN HERE	DATE
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REQUEST FOR PRE-PURCHASE EXAMINATION



SAMFORD VALLEY
VETERINARY HOSPITAL

INSTRUCTIONS FOR VENDOR

PAGES 2-3

Please complete the information on this and the following page (pages 2-3) and return it to the hospital prior to the day of the pre-purchase examination.

The pre-purchase examination is always conducted on behalf of the individual or party who is buying the horse. As veterinary surgeons the strict duty of care is to the client who has instructed us to carry out the examination i.e. the purchaser. Any information that is revealed during the examination is for the person or party requesting the examination only.

Our veterinarians are able to perform a pre-purchase examination on a horse that is an existing patient of our practice if there is no conflict of interest and if the vendor agrees to allow the horse's veterinary records and details to be made available to the purchaser.

A pre-purchase examination is an assessment of a horse at a point in time and is designed to identify existing medical or physical conditions and an understanding of how they might impact on the horse's suitability for the intended use. It is not a guarantee or a warranty that the horse will not have problems in the future.

There are minimum requirements for ensuring we can perform the most thorough examination:

- A dark quiet area in which to examine the eyes
- An area of hard level ground on which the horse can be walked and trotted in hand. This should preferably be concrete or tarmac.
- An area where the horse can be lunged.
- For an extensive 5-stage pre-purchase examination, an area in which the horse can be safely ridden, including the ability to do a hard canter or gallop will be required.

In addition, the purchaser may request additional diagnostics in negotiation with you. These may require sedation of the horse, minimally invasive procedures and/or transport to our hospital. Please complete the section below if you are aware of any additional diagnostics tests that have been requested or agree to sedation of the horse. Any concerns regarding risks to the safety of the horse will be discussed with you prior to any procedures being undertaken.

Vendor's Statement

Vendor name	
Vendor address	
Vendor email	
Vendor phone numbers	
How long have you been acquainted with the horse	

Do you have any knowledge of any of the following, past or present? (please circle) If yes, please give details:

1)	Heritable Disorder?	Yes	No	Unknown				
2)	Diseases?	Yes	No					
3)	Accidents?	Yes	No					
4)	Any previous eye disease, trauma or impaired vision?	Yes	No					
5)	Lameness?	Yes	No					
6)	Head shaking, stringhalt or locking stifle?	Yes	No					
7)	Vices? eg windsucks, weaves, bites, kicks, bucks etc.	Yes	No					
8)	Abnormalities of breathing at rest or during exercise?	Yes	No					
9)	Surgical procedure (colic surgery, orthopaedic etc.)	Yes	No					
10)	Vaccinations administered (please circle)	Strangles	Tetanus	Herpes	Equity®	Hendra (Date _____)	Other	

Any additional details? _____

For what purpose do you understand the horse is being assessed? _____

Do you have an opinion as to the horses suitability for this purpose? Yes/ No

If yes please state _____

DECLARATION

I consent to a veterinary examination on the above horse by _____

as part of a pre-sale assessment on behalf of _____

I understand that this examination may include (strike out if not applicable)

Physical examination	X-Rays	Internal Examination by ultrasound or palpation	Use of a mouth gag
Blood and urine collection and testing	Upper airway endoscopy	Other examinations as discussed	Lungeing

I understand that sedatives may need to be administered to the horse in order to conduct parts of the examination safely. I also understand that each examination carries finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.

SIGNED BY	PLEASE PRINT NAME		
SIGNATURE	DATE	DATE	

VENDOR OR AGENT STATEMENT

Has the horse been medicated in the last 45 days? Yes / No

If yes, specify	Medication: _____	Date: _____
	Medication: _____	Date: _____

SIGNED BY	PLEASE PRINT NAME		
SIGNATURE	DATE	DATE	

IF DRUG SCREENING HAS BEEN REQUESTED BY THE PURCHASER, PLEASE COMPLETE THE FOLLOWING PAGE (PAGE 4) OF THIS DOCUMENT



REQUEST FOR PRE-PURCHASE EXAMINATION

REQUEST FOR DRUG SCREENING

PAGE 4



If blood collection and testing is required for drug screening, the following section MUST be completed by both the purchaser and vendor.

	Equine Veterinarians Australia <i>A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852</i>	
BLOOD COLLECTION AND TESTING		
PURCHASERS STATEMENT		
I _____ request that blood samples be taken for the purpose of drug screening. I understand that the drug groups being tested for are:		
<ul style="list-style-type: none">• NSAIDS• Sedatives• Corticosteroids• Local Anaesthetics		
I would like the blood samples tested for anabolic steroids for an additional fee: Yes / No		
<i>I understand that the results of the drug screening are only valid at the time of collection as part of a bona-fide pre-purchase examination only, are confidential and cannot be used for any other purpose. I understand that the samples are sent immediately to the testing laboratory and cannot be stored to be tested at a later date. I have been advised that the purchase not be completed until the drug screening results are available.</i>		
Signed (Purchaser or Agent): _____ Name: _____		

VENDOR OR AGENT'S STATEMENT		
I _____ consent to a blood sample being collected for the purpose of drug screening.		
Signed (Vendor or Agent): _____ Name: _____		