



Kulshan Veterinary Hospital, PLLC

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PRE-PURCHASE EXAM BUYER'S STATEMENT

Buyer's Name: _____ **Phone #:** _____
Address: _____ **Fax #:** _____
_____ **Email:** _____

1. What is the intended use for this horse? _____
2. Please describe the intended rider...
Name: _____
Age (adult, teenager, child): _____
Experience / Ability: _____
Relationship to buyer: _____
3. How long have you known this horse? _____
4. Has the intended rider (s) ridden this horse? _____
On how many occasions and for how long? _____

5. Below is a list of concerns. Please indicate how important these concerns are for you...

	very important	important	not important
Athletic ability	_____	_____	_____
Temperament	_____	_____	_____
Pedigree	_____	_____	_____

7. Do you want X-RAYS taken? _____ What would you like X-RAYS of? _____

8. Are there any other concerns? _____

9. Will you be present for the exam? _____
10. If not how can we contact you during the exam? _____

11. Do you want a blood sample collected at the time of the pre-purchase examination, provided the seller agrees, and to have this sample held & stored at Kulshan Veterinary Hospital for 30 days? _____

12. Method of payment: _____

Said veterinary purchase examination does not warrant the suitability of the horse for the purpose intended and is expressly limited by my statements and instructions on the depth of the examination desired, the specific test(s) which I have requested be performed, and the fee I have agreed to pay.

Signature _____ Date _____