



### Pre-Purchase Information Form

**Buyer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Agent for buyer: \_\_\_\_\_

**Seller:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Agent for seller: \_\_\_\_\_

Location of horse: \_\_\_\_\_

Please fill out the following form with as much information as possible and either email to: [bevet@gmavt.net](mailto:bevet@gmavt.net) or fax to: 802-425-5353.

### **Horse:**

Registered Name: \_\_\_\_\_ Barn Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (confirmed by registration?) \_\_\_\_\_

Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Previous Training/Work: \_\_\_\_\_

Current Training/Work: \_\_\_\_\_

Intended Use: \_\_\_\_\_

**Medical History:** Any lameness, respiratory, colic or other information?

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**Any Particular Concerns:**

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The exam includes a complete external physical exam, soundness exam on the lunge evaluating walk, trot and canter gaits plus flexion tests. Radiographs are recommended, and depending on the results of the exam and particulars of the horse they can be performed and evaluated at the time of the exam.

Optional procedures are listed below; please indicate if these or others are desired:

**Lab Tests:**

- Drug Screen
- Coggins Test  (Negative Coggins required within 60 days of sale)
- Lyme Test
- CBC and Chemistry – General Health Screen

**Other Diagnostic Procedures:**

- Internal Reproductive Exam Including Ultrasound (for mares)
- Upper Airway Scope (Endoscopy)

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If digital x-rays are to be sent to another Veterinarian, they can be sent by overnight mail or by email. Please list that person's name, clinic address and email:

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**Billing Information:**

Pay By Credit Card  \* Please list information below or call 802-425-5454. Thank You.

Name on Credit Card:

Number:

Expiration Date:

Pay by Check