



**Veterinary Services**

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**Pre - Purchase Examination - Buyer's Section**

Buyer's Name: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Payment: credit card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: G / M / S

Markings: \_\_\_\_\_

History of Use: \_\_\_\_\_

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

**Examination Procedures**

- |  |  |
|--|--|
| <input type="checkbox"/> Physical Examination          | <input type="checkbox"/> Lameness, Motion Evaluation, Flexion Test |
| <input type="checkbox"/> Fecal Egg Count               | <input type="checkbox"/> Complete Blood Count (CBC) & Biochemistry |
| <input type="checkbox"/> Health Certificate for Export | <input type="checkbox"/> Coggins Test                              |
| <input type="checkbox"/> Drug Screen                   | <input type="checkbox"/> Breeding Soundness                        |
| <input type="checkbox"/> Ultrasound Exam: _____        | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Digital Radiographs           |  |
| <input type="checkbox"/> Front feet                    |  |
| <input type="checkbox"/> Hocks                         |  |
| <input type="checkbox"/> Stifles                       |  |
| <input type="checkbox"/> Fetlocks                      |  |
| <input type="checkbox"/> Other: _____                  |  |

I request that the above-mentioned horse be examined for purchase. Examination procedures not marked are waived or declined as part of this exam. The pre-purchase examination reflects the health and soundness of the horse on the day of the evaluation and is no guarantee of future soundness and suitability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Buyer or Agent