



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



VENDOR AND PURCHASER STATEMENT - PREPURCHASE EXAMINATION

Animal presented as:					
Brands:	Left:		Right:		
Colour:			Breed:		Sex:
Microchip No:				Age/DOB:	

PART ONE: PURCHASERS STATEMENT

Proposed purpose of the horse: Asking price (optional):

I understand that the examination will be carried out in accordance with Equine Veterinarians Australia guidelines. I request in addition the following procedures (please tick);

Radiography	<input type="checkbox"/>	Specific areas
Blood/Urine drug screening	<input type="checkbox"/>	
Upper airway endoscopy	<input type="checkbox"/>	Other examination <input type="checkbox"/>

I undertake to use this information solely in the prepurchase 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.

Purchaser Name: Purchaser Address:

Contact No: Signed: Purchaser/Agent: Date:

PART TWO: VENDOR'S STATEMENT

Vendor's/agents name:

Address: Contact No:

How long have you been acquainted with this 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)	Lameness?	Yes	No				
5)	Vices? eg windsucks, weaves, bites, kicks, bucks etc.	Yes	No				
6)	Any abnormalities of wind or breathing?	Yes	No				
7)	Medications within the last 45 days (exclude routine worming)	Yes	No				
8)	Vaccinations administered (please circle)	Strangles		Tetanus	Herpes	Equity®	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
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 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
Blood and urine collection and testing	Upper airway endoscopy	Other examinations as discussed

I 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: Vendor/Agent Date: