



# AGNES BANKS EQUINE CLINIC

ABN 56 145 333 446



Servicing the Hawkesbury / Nepean District 24 HOUR EMERGENCY SERVICE

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## VENDOR/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 (Specific areas .....

Blood/Urine drug screening

Upper airway endoscopy  Other examination .....

**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.**

Signed Vendor/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 tick all applicable items) If yes, please give details:

1 Heritable Disorder?  No  Unknown  Yes .....

2 Diseases?  No  Yes .....

3 Accidents?  No  Yes .....

4 Lameness?  No  Yes .....

5 Vices? eg windsucks, weaves, bites, kicks, bucks etc  No  Yes .....

6 Any abnormalities of wind or breathing?  Yes  No .....

7 Medications within the last 45 days (exclude routine worming)  Yes  No .....

8 Vaccinations administered  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? 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 (tick all applicable items)

Physical examination  Internal Examination by ultrasound or palpation  X-Rays  Upper airway endoscopy

Blood and urine collection and testing  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: .....