



AGNES BANKS EQUINE CLINIC

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

PREPURCHASE EXAMINATION – DECLARATION OF CONFLICT OF INTEREST

DATE: ___/___/___

ATTENTION: _____

RE: HORSE: _____

CURRENT OWNER/REPRESENTATIVE: _____

You have requested that I perform a prepurchase veterinary evaluation on the above horse. I am bound to declare a conflict of interest in that I have a client/patient relationship with the horse and/or owner. I therefore invite you to seek an independent opinion from another veterinarian / practice.

Should you wish to engage my services for this examination it is necessary that you obtain permission from the current owner/representative that this practice is able to release all clinical records it might hold on this horse, and also that you acknowledge my declaration of conflict of interest.

Acknowledgement of Conflict of Interest

I, _____ the person requesting this examination acknowledge this declaration of Conflict of Interest and wish to proceed with this examination.

Signed: _____

Consent for Release of Clinical Records

I, _____ the Owner/Person Responsible consent to release of all clinical records on this horse to which I have legal access.

Signed: _____