

# PRE-PURCHASE FORM

Premier Equine Veterinary Service  
16935 W. Bruce Road  
Lockport, IL 60441  
888-860-0244 | 630-984-5221

In performing a Purchase Examination, the Doctors of Premier Equine Veterinary Service are working on behalf of the buyer and any information; Radiographs (X-Rays), diagnostic results, obtained during this appointment are the property of said buyer. Information can only be released to the seller or other parties under explicit instructions from the buyer.

Buyer Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Registered Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

## **HISTORY:**

When did you become interested in this horse? \_\_\_\_\_

Do you know the current owner? \_\_\_\_\_

Do you know any history on this horse? If so please describe:

\_\_\_\_\_

What has the seller disclosed?

\_\_\_\_\_  
\_\_\_\_\_

Have you or your trainer/agent ridden this horse? \_\_\_\_\_

What is the intended use of this horse? \_\_\_\_\_

Where will the horse be stabled? \_\_\_\_\_

Will you need a Coggins test for this horse? \_\_\_\_\_

Will the horse be under a trainer's care? \_\_\_\_\_

Do you intend to insure this horse? \_\_\_\_\_ If so, agent and phone # \_\_\_\_\_

Do you have any concerns regarding this horse?

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Do you have any specific testing requests for this horse (ie. Radiographs, drug testing, scoping)?

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