

Willamette Valley Equine Veterinary Services

9130 SW Pioneer Ct, Suite E
Wilsonville, OR 97070

PHONE: 503-682-4426 **EMAIL:** office@willamettevalleyequine.com

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**Pre-Purchase Exam (PPE)
Prospective Buyer's Form**

Buyer's Name: _____ Phone#: _____

Buyer's Address: _____

Buyer's Email: _____ Fax#: _____

Agent(s) Acting on Behalf of Buyer: _____ Phone#: _____

Seller's Name: _____ Phone#: _____

Intended use of horse: _____ Is the horse to be insured: _____ Company: _____
If so, please provide necessary paperwork or have faxed to: 503-678-4265

Name of Horse: _____ Registered Name: _____

Age: _____ Breed: _____ Sex: M G S Color: _____

Markings/Brands/Tattoos: _____

Name of barn where stabled: _____ Trainer: _____

Date of Pre-purchase Exam: (or days/times that would work best) _____

Address of PPE: _____ Gate Code: _____

Report of Findings to be sent to _____ Via: _____

Examination Procedures Requested:

Prices available upon request 503-682-4426

(Check Box on Left , Add Charges on Right, subtotal pg. 1 & total pg. 2 for rough estimate.)

	Price	Total
<input type="checkbox"/> Physical Examination – includes thorough physical exam including lameness evaluation (joint flexion testing)	\$	\$
<input type="checkbox"/> Written Report of Findings (includes 1 CD of digital radiographs if applicable)	\$	\$

Lab Work

<input type="checkbox"/> Coggins Test Regular (Current, negative test results required for interstate travel) 3-5 business days	\$	\$
<input type="checkbox"/> Coggins Test STAT (2-3 business days)	\$	\$
<input type="checkbox"/> Complete Blood Count (CBC)	\$	\$
<input type="checkbox"/> Chemistry Panel *A CBC and Chemistry Panel are strongly advised by your veterinarians to detect unseen abnormalities	\$	\$
<input type="checkbox"/> Fecal Parasite Testing	\$	\$
<input type="checkbox"/> Blood Draw for Holding (may be tested for drug screens at a later date if necessary)	\$	\$

Digital Radiography

<input type="checkbox"/> *Radiography Package: Includes field set up charges, shoe removal and sedation (if applicable), 4 views of each front foot (otherwise known as a Navicular Series), 2 views (AP-LAT) of each front fetlock, 4 views of each hock and 2 views (AP-LAT) of each hind fetlock.	\$	\$
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*These views are suggested/grouped in a package as they can reveal a high percentage of common diseases. They are not a complete series of each joint and some diseases could be missed. Additionally, if any abnormalities are discovered, additional views at \$42.00/view may be needed to further investigate.

Subtotal: _____

A La Cart Digital Radiograph Views/Series	Qty	Price	Total
		Subtotal from pg. 1	\$
Additional/Individual Views		\$	\$
Front Feet - Navicular Series (4 views/foot)		\$	\$
Front Fetlocks (5 views/fetlock)		\$	\$
Carpi/Knee (5 views each knee)		\$	\$
Stifles (4 views each stifle)		\$	\$
Hocks (4 views each hock)		\$	\$
Hind Fetlocks (5 views each fetlock)		\$	\$
Splints		\$	\$
Other		\$	\$
Interpretation of existing radiographs		No Charge	

Additional Testing

Endoscopy – Visual exam of upper respiratory tract		\$	\$
Drug Testing		\$	\$
Other		\$	\$

Rough Estimate Total: _____

Additional Charges that may apply:

- Farm Call
- Sedation (included in radiography package)
- Field Set Up Charges (included in radiography package)
- Shoe Removal/Prep (included in radiography package)
- Certified Veterinary Inspection/Health Certificate for Interstate Travel (30day)
- Certified Veterinary Inspection/Health Certificate for International Travel (30 day)
**requires 2 weeks to process
- Additional copies of Digital Radiographs (1 complete set of images included with Report of Findings)

Payment

It is Willamette Valley Equine Surgical & Medical Center's payment policy to obtain credit card information prior to the appointment. As always, we are happy to accept payment by check, cash or money order at the time of the appointment if you or your representatives are present. Otherwise, your card on file will be charged the total amount due the day of the exam. By completing and signing the credit card information portion of this form, you authorize our staff to charge your card if payment is not received at the time of the appointment.

Card #: _____ Exp: _____

I request the above horse be examined for purchase as indicated by the boxes checked. Examination procedures NOT checked are waived as part of this examination.

Signature of Buyer/Agent: _____ Date: _____

Disclaimer

This Pre Purchase Examination is intended as an aid to assist a prospective buyer. The examiner will neither imply nor make a warranty. Examination is undertaken at the expense of and for the exclusive use of the Prospective Buyer.

Buyer's Questionnaire

Horse Name: _____

The following is to be completed by the buyer:

How long have you known this horse? _____

How long have you tried this horse? _____

Any lameness or gait abnormality during trial? _____

Has your trainer observed or tried this horse? _____

Do you have any reservations about this horse? _____

Seller's Questionnaire

The following is to be completed by the seller:

(If the seller is unable to complete the form the buyer is requested to ask the seller the following questions.)

Duration of current ownership: _____

Is horse in current work? _____

Has the horse received any medications in the last 4 weeks? If yes, what medications and why? _____

Has the horse had any previous lameness? If yes, please describe: _____

Has the horse had other previous medical problems? If yes, please describe: _____

Has the horse had surgery? If yes, please describe: _____

Does the horse have any behavioral abnormalities? (Biting, headshaking, etc): _____

(If mare) Is she in foal or has she been exposed to a stallion? _____

Any past breeding or foaling problems? _____

Does the horse have a negative Coggins from the past 6 months? _____

When was the horse last shod/trimmed? _____

Does the horse require special shoeing? _____

Vaccine:	Last Dose:	Vaccine:	Last Dose:
West Nile Virus		Tetanus	
Eastern/Western Enceph.		Rabies	
Influenza		Strangles	
Rhino		Other?	

Dewormer:	Date: