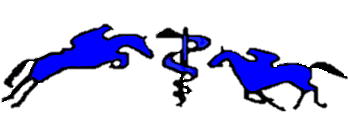
Postal: **PO Box 520*,* Wyong NSW 2259**  Address: **30 Collies Lane, Mardi NSW 2259** Email:[**office@wyongequineclinic.com.au**](mailto:office@wyongequineclinic.com.au)Office and Account Enquiries: **02 4353 5929** Veterinary Calls (Business and AH): **0418 299 938**



ABN: **35 767 083 083**



**Dr Brett Jones BVSc**

**Dr Rob Caska BVSc0(Hon 1)MANZCVS(Equ Med) Dr Shelley Topham BVSc**

**Dr Jennifer Thomas BVM BVS**

**Equine Veterinary Surgeons**

**REQUEST FOR PRE-PURCHASE EXAMINATION**

Horse’s Name: ……………………………………………. Age: ….… Colour: …………….…… Breed: …………….………

Sex: Male/Female/Gelding Brands: Near: ………. Off: ………. Microchip #: ………………………….……….

Vendor Name: …………………………………... Horse located at: …………………………………………………………….

Purchaser’s Name: ……………………………………………………………………………………………………………………….. Address: ……………..…………………………… Suburb: …………………………… State: …...….. Postcode: ……..…. Email: …………………………………………………………………………………… Phone: ……………………………………….…

I hereby request that Wyong Equine Clinic performs a pre-purchase examination on the horse described above. I accept responsibility for payment of veterinary fees associated with the examination.

Signed: ……………………………………………………………Purchaser/ Agent Date: …………………………………….

**Standard Examination** Yes No (please circle)

*Full clinical examination:* cardiovascular, skin, eyes, mouth, nervous system evaluation, musculoskeletal, back, withers, nasal & paranasal, larynx & trachea, pulmonary, digestive.

*Lameness Evaluation:* at the walk, trot, canter, backing and turning. The horse is trotted in hand and lunged on a hard, firm surface and evaluated on a sand arena surface. Flexion testing of all four limbs is performed.

**Digital X-Rays**

X-rays include a full diagnostic set, usually 4-5 images per site. Yes No (please circle)

LF / RF Foot LH/RH Fetlock Addition Sites & Comments:……………………………..…….

LF/ RF Fetlock LH /RH Hock ………………………………………………………….………..

LF/ RF Knee LH/RH Stifle ………………………………………….………………………..

**Upper Respiratory Endoscopy** Yes No (please circle)

**Other Tests Required e.g. Ultrasound, Blood test** – …………………………...………………………………….…………..

……………………………………………………………………………………………………………………………………………….…………..

For further information view our website: [www.wyongequineclinic.com](http://www.wyongequineclinic.com)

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All bookings are made through Wyong Equine Clinic. Please note credit card details are required

to confirm your booking – call 0418 299 938 or (02) 4353 5929.

MCard / VISA (please circle one)

Credit Card Number: \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_