



Equine Veterinary Surgeons
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 Office and Account Enquiries: 02 4353 5929
 Veterinary Calls (Business and AH): 0418 299 938

REQUEST FOR PRE-PURCHASE EXAMINATION

Horse's Name: _____ Age: _____ Colour: _____
 Breed: _____ Sex: Stallion/Mare/Gelding 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 highlight/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 highlight/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 highlight/circle)

Other Tests Required e.g. Ultrasound, Blood test – _____

For further information view our website: www.wyongequineclinic.com

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 highlight/circle one)

Credit Card Number: _____ Expiry Date: _____ CVC: _____

Name on Card: _____ Signature: _____