



Daniel Equine Services LLC
Wellington, FL, 33414
www.danielequine.com
561-515-2685

Prepurchase Examination – Purchaser options

Thank you for choosing Daniel Equine Services for your pre-purchase examination. Please complete this “Purchaser Options” form and the “Liability Release Agreement” prior to the examination and return to drdanielequine@gmail.com or bring both with you to the exam if you plan to attend.

Name of Purchaser: _____

Address: _____

Cell: _____ Email: _____

Do you have a veterinarian you would like us to send reports/radiographs to?
 Veterinarian Name: _____ Email: _____

Seller Name: _____

Name of Horse: _____ Age/DOB: _____

Breed: _____ Gender: _____ Color: _____

Address for the day of examination: _____

Intended use of the horse: _____

Have you ridden this horse? _____

Note any observations or concerns you as the purchaser may have regarding this horse?

Will you as the purchaser attend the examination? (circle one) Yes No

Payment is due at the time of examination.

I _____ (Purchaser/Purchaser’s Agent) request that the horse _____ undergo a prepurchase examination for use as a _____. This is to be undertaken by Dr. Daniel BVetMed MS DACVS of Daniel Equine Services.

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- Trip charge: zone dependent

- Prepurchase Examination:**
The examination includes a comprehensive physical examination, a soundness examination, which includes evaluation of gait on different surfaces, after flexion testing and under saddle if desired. A neurological evaluation is also performed.

- Blood Drug Screen:**
If you wish to decline please check here:
A drug screen is recommended for all prepurchase examinations and checks for the presence of multiple drugs in the horses' system. The blood is sent to an outside laboratory and the results are typically available in 2 business days. We will draw blood at the beginning of the examination and place in a cooler. If you choose to decline the drug screen after the blood has been drawn, we will discard the blood and apply a nominal \$5 charge.

- Radiographs recommended list: Front feet, hocks, stifles, and single lateral view of each carpus and fetlock (28 view study). Other views may be suggested following the exam.**
If you wish to decline please check here and list views below:
Views requested: _____
Radiographs are routinely performed prior to purchase, even if the horse is sound, because many conditions found on radiographs may not yet be causing any exterior sign. Some purchaser's opt to perform radiographs of pre-determined sites e.g. front feet, hocks, stifles or the radiographs can be chosen based on the findings of the prepurchase examination.

- Ultrasound:**
Ultrasound is only performed if requested or if there are specific findings from the examination that are of concern.

- Coggins:**
- Health Certificate (for horse leaving out of state):**
If a health certificate is requested, we will need the address where the horse is shipping from/to and the dates of travel. _____
Any other requested tests should be noted here: _____

Purchaser's signature: _____ Date: _____



Prepurchase Examination – Liability Release Agreement

To be completed by purchaser prior to examination:

_____ (purchaser), hereafter “purchaser” is the prospective purchaser or prospective purchaser’s agent. The purchaser acknowledges that Daniel Equine Services, its veterinarians, employees, technicians and staff have agreed to perform a prepurchase examination at your request on a horse named _____ (horse’s name) upon the terms and conditions of this agreement which includes a promise by the purchaser not to sue based upon purchaser dissatisfaction with an executed purchase of the animal examined and identified in this agreement. Daniel Equine Services will perform a prepurchase examination of _____ (horse’s name) on or around _____ (date).

The scope of the examination and the selection of diagnostic tests chosen shall be determined by the purchaser in consultation with Daniel Equine Services. The veterinarian (Dr Daniel BVetMed MS DACVS) will provide you with information regarding any existing medical problems and the horse’s overall health and condition on the given day of the examination. The examination is not intended to be used as a prognosis for future health, soundness or a warranty for the horse’s suitability for any particular future use or purpose. The veterinarian’s job is neither to pass nor fail the animal being examined. The determination by purchaser to purchase the animal examined is solely the purchaser’s choice and responsibility.

The purchaser should be aware that this examination does not encompass an in depth evaluation of the horse's temperament, ability, or aptitude for a particular discipline. It describes the horse's health and soundness on the day of examination. A routine prepurchase examination may not reveal subtle unsoundness, especially if the horse has not been in hard/consistent work in the preceding months. Some conditions, such as mild recurrent airway obstruction ("heaves"), mild vision impairment, early PPID ("Cushing's Disease"), digestive disorders predisposing to colic signs, and muscle disorders such as equine polysaccharide storage myopathy ("tying up") may not be apparent during an examination.

The purchaser acknowledges that a material condition of Daniel Equine Services’ agreement to perform this prepurchase examination is the purchaser’s agreement to release, waive and discharge Daniel Equine Service, its veterinarians and employees from all claims arising directly or indirectly from the performance of the prepurchase examination; this is a promise by purchaser not to sue.

I have read this agreement, “Prepurchase Examination – Liability Release Agreement,” and fully understand its terms. I intend my signature to be a complete and unconditional liability release to Daniel Equine Services.

Signature of Purchaser: _____ Date: _____

Print Name: _____

Signature of Veterinarian: _____ Date: _____

Print Name: _____



Prepurchase examination - Seller statement

To be completed by the seller/sellers' agent.

Seller/Agent Name: _____
Address (horse location): _____
Phone number: _____ Email: _____

Horse registered name: _____ Barn name: _____
Age/DOB: _____ Breed: _____ Gender: _____
Color: _____ Tattoo: _____
Last Coggins: _____ Vaccination status: _____
How long have you owned this horse? _____
What has the horse been used for? _____

Please answer these questions to the best of your ability. Do you have any knowledge of any:

Past or present disease? _____
Has the horse ever had signs of colic? Yes No _____
Has the horse ever bled from the nostrils? Yes No _____
Lameness? _____
Accidents? _____
Vices (stable or being ridden)? _____
Abnormalities? _____
Surgery? _____
Medications (particularly recent)? _____
Has this horse been recently examined by another veterinarian? Yes No _____
If so for what purpose? _____
Use to which you understand the horse will be put: _____
Do you have any knowledge of past performance of this horse for the proposed use? _____

I, the undersigned, certify that I am the owner or authorized agent of the above described horse. I hereby grant my consent to allow the examination procedures to be performed by Dr. Daniel of Daniel Equine Services LLC for determining the health status of the horse listed above prior to sale.

Signature: _____ Date: _____

Print Name: _____



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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Dr. Daniel. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Card Number:	_____ CVV: _____
Cardholder Name (as shown on card):	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

I, _____ (print name), authorize **Daniel Equine Services LLC** to charge my credit card above for veterinary services rendered. I understand that my information will be saved to file for future transactions on my account.

Signature

Date