
Kilshannagh Veterinary Clinic

3051 State Rte. 82 Ancramdale, NY 12503
Tel. 518.329.5213 Fax 518.329.0026
www.kvclinic.com

PURCHASE EXAMINATION - INSTRUCTIONS FOR BUYERS.

BUYER'S STATEMENT.

Please complete all questions on this form.

PROCEDURES REQUESTED

Please complete this form in its entirety to enable us to have sufficient time and the equipment on the farm to do all that you request.

DISCLOSURE OF VETERINARIAN / SELLER RELATIONSHIP

If you are aware that Kilshannagh Veterinary Clinic ordinarily provides veterinary services to the Seller, **please contact our office before completing any of the attached forms.**

PERMISSION TO DISCLOSE PREPURCHASE EXAMINATION FINDINGS TO THIRD PARTIES

The findings of the Prepurchase Examination are the property of the Prospective Buyer only.

We will disclose our findings ONLY to the Buyer. If you want us to discuss our findings with any other party, then please list their name(s) and contact details on this form.

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PREPURCHASE EXAMINATION - BUYER'S STATEMENT

BUYER NAME: _____

BUYER ADDRESS: _____

TELEPHONE NUMBER: _____

HORSE: _____

To what use do you intend to put this horse? _____

Have you tried this horse? YES NO

If so, in what fashion? _____

Buyer profile adult child

- ability _____

- experience _____

How long have you been acquainted with this horse? _____

How do you rate the suitability of this horse for the stated intended use? _____

What type of care (stabling) is anticipated for this horse?

Intensive (continual care and supervision)

Average (stabled for feeding, etc.)

Casual (on pasture most of the time)

I am present at the examination YES NO

If "NO" I designate _____ to act on my behalf.

Said Veterinary Prepurchase Examination does not warrant the suitability of the horse for the purpose intended and is expressly limited by my statements and instructions on the depth of the examination desired, the specific tests which I have requested be performed (see "Requested Procedures"), and the fee I have agreed to pay.

SIGNATURE: _____ DATE: _____

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PREPURCHASE EXAMINATION PROCEDURES REQUESTED

BUYER: _____

HORSE: _____

RADIOGRAPHS YES NO

Full set (feet, fetlocks, knees, hocks, stifles & cannon bones). RECOMMENDED

OTHER please list: _____

ROUTINE BLOOD PROFILE YES NO

PREPURCHASE DRUG SCREEN (RECOMMENDED) YES NO

VITAMIN E / SELENIUM BLOOD LEVELS YES NO

THYROID TEST YES NO

CUSHINGS TEST YES NO

BREEDING SOUNDNESS (palpation, ultrasound scan) YES NO

LIMB ULTRASONOGRAPHY YES NO

THERMAL IMAGING YES NO

ENDOSCOPY OF LARYNX / UPPER AIRWAYS YES NO

OTHER REQUESTS: _____

I understand that by requesting that some or all of the above tests and procedures be omitted from the examination, the diagnosis of a discoverable abnormality may be prevented.

BUYER / AGENT SIGNATURE: _____

DATE: _____

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**DISCLOSURE OF VETERINARIAN / SELLER RELATIONSHIP
(PREPURCHASE EXAMINATION)**

DATE OF EXAMINATION: _____

HORSE: _____

BUYER: _____

SELLER: _____

I _____ have been duly informed that

Dr. _____

ordinarily acts as the veterinarian for the above stated seller and agree to

Dr. _____

performing this prepurchase examination.

BUYER SIGNATURE: _____

DATE: _____

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**PERMISSION TO DISCLOSE PREPURCHASE EXAMINATION
FINDINGS TO THIRD PARTIES.**

DATE OF EXAMINATION: _____

HORSE: _____

BUYER: _____

SELLER: _____

I _____ grant permission to

Dr. _____ to disclose the prepurchase examination

findings to the following parties:

1) _____

2) _____

3) _____

4) _____

5) _____

BUYER SIGNATURE: _____

DATE: _____

NEW ACCOUNT HOLDER (EQUINE CLIENTS).
CREDIT CARD SECURITY.

Dear Client,

To secure an account with us, we require that you provide us with a credit card authorization to keep on file as security. Please complete the following information:

Name:

Address:

Credit Card Billing Address (if different from mailing address):

Tel. no:

CREDIT CARD INFORMATION:

Mastercard Visa Discover

Credit Card # _____ Exp Date _____

Cardholder Name _____ 3-digit security code _____

This credit card information will be held in the strictest of privacy. This paper authorization will be destroyed immediately after the data has been stored in a security-encrypted electronic format. **I acknowledge that this authorization will remain in effect unless I cancel the authorization in writing to Kilshannagh Veterinary Clinic P.C.**

I confirm that my signature on this form is in lieu of my credit card imprint/swipe and **authorize Kilshannagh Veterinary Clinic P.C. to charge my credit card any amount due should my account become past due by more than 30 days after the billing cycle ends.**

Cardholder signature _____ Date _____

Please mail or fax this form to the address/fax number above or email to admin@kvclinic.com.