Pre-Purchase Exam Information

Expected costs for Buyer: Prices are subject to change.

Call fee: varies depending on location

Initial exam: $200- $421.25

This exam is considered progressive. We begin with a moving exam under saddle, followed by a thorough moving exam on the ground (lunged on both soft and hard surfaces). Flexion tests are performed on all four limbs, hoof testers will be applied to all four feet, and palpation of the entire horse will then be performed. If the owner elects to stop the exam at this point due to a perceived lameness, the cost of the exam will be adjusted accordingly and we will not continue to examine the other aspects of the horse. The remainder of the exam includes a neurological exam to rule out any possible neurological deficits, on oral exam to observe the health of the tongue and mouth and decide if the horse needs floating, an ophthalmic exam that focuses on all aspects of both eyes, including checking for early signs of glaucoma. Each and every detail of the horse will be carefully looked over before we move on to the next portion of the pre-purchase examination.

Optional costs for buyer:

We offer several other possible components to our exam. Please read through our options below and select the services which you would like for us to provide at the time of your pre-purchase exam.

- **Radiographs (Digital)** $132.50
  (based on number of radiographs taken).
  If the moving examination goes well, we will discuss options for radiography. Ultimately, it is up to you, the buyer, to decide what views you would like to obtain of the horse. The choice can vary depending on several variables, and we are happy to walk you through the process.
  Please see our attached recommendation page for some suggestions. A standard “full” set of pre-purchase radiographs requires up to 34 views (includes a Navicular series of the front feet, all four fetlocks, both hocks and both stifles). Please keep in mind that in order to obtain the best quality radiographs of the feet, we may need to remove the horse’s front shoes. It is your responsibility to make arrangements with the horse’s farrier to have the shoes removed. If you have concerns about this, please discuss them with the veterinarian performing the exam before the date of the appointment. In the event that additional radiographs or diagnostics are indicated, prices may vary and referrals may be indicated.

- **Pre-purchase Drug Screen** $253.75
  Recommended
  The horse’s serum is tested for over 30 different drugs, such as nonsteroidal anti-inflammatories, muscle relaxers and sedatives. This blood work is sent to an outside toxicology lab, and results can take up to seven days to become available to us.

- **Blood drawn and held for 3 months** $25
  For possible drug screen at a later date.

- **Chemistry Panel/CBC/Fibrinogen** $133
  Can provide helpful information regarding kidney and liver function as well as other organs.

- **Coggins** $34 - $79
  We can submit a Coggins for regular turn-around time, or we can submit an ELISA if you need it within 24 or 48 hours. Please let us know the date by which you will need the Coggins.
- **Radiographic Interpretation $40 - $200**
  *This is not an optional fee if radiography is performed by TEVS at the time of the exam.*
  If radiographs are taken previously and provided by another veterinary clinic for Triangle Equine to review, there will be an interpretation fee of $200.

- **Copy of Digital Radiographs $20**
  You will receive a copy of the horse’s radiographs on a flash drive along with a copy of the pre-purchase report.

- **Health Certificate Exam $20**
  Required to accompany a current, negative Coggins for horses traveling out of state. Please provide name, address, and phone number of where the horse is going and who is hauling the horse.

- **Insurance Exam/Form $20**
  If required by your insurance company. Please supply us with the insurance form.

- **Endoscopy $95**
  This procedure allows us to visualize the upper respiratory tract. It can be helpful in the diagnosis of upper respiratory infection and respiratory diseases.

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**Pre-Purchase Exam Information**

**Information from Seller**

Date:______________

**Seller’s Information:**

Name: 

Address: 

Phone: 

Buyer’s name/Agent: 

E-mail: 

Fax: 

Phone:

**Horse’s Information:**

Registered Name: 

Breed: 

Registration #: 

Gender: 

Tattoo: 

Color: 

Barn name: 

Description:

Amount and type of work this horse has been in:

Has this horse been out of work any significant length of time in the past 2 years? Explain.
**Questions for Seller:**

How long have you owned this horse? __________  When was the last time Strangles was present on your property? __________

**Vaccine History:**

*Please write date last vaccine*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Tetanus</td>
<td></td>
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<tr>
<td>EPM</td>
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<tr>
<td>Rabies</td>
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<tr>
<td>Strangles</td>
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<td>EEE/WE/WE/West</td>
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<tr>
<td>Coggins</td>
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<tr>
<td>Deworming</td>
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</tbody>
</table>

Product:

____________

____________
Please indicate if this horse has experienced any of the following while you have owned him/her, or to the best of your knowledge prior to your ownership.

- Colic
- Eye disease
- Respiratory infection/disease
- Surgery of any type
- Diarrhea
- Cough
- Symptoms of gastric ulcers
- Lameness

If surgery has been performed or if this horse has been lame, please elaborate below and provide dates:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Please answer the following questions to the best of your knowledge. If yes, please elaborate and provide dates when applicable.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this horse have any vices?</td>
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<tr>
<td>Is this horse currently on medication of any type?</td>
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<td>Is this horse fed supplements of any type?</td>
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<tr>
<td>Is this horse currently receiving a nonsteroidal anti-inflammatories (such as Bute)?</td>
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<tr>
<td>Is this horse currently receiving an oral or injectable joint supplement?</td>
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<tr>
<td>When worked during hot weather, does this horse sweat normally?</td>
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<tr>
<td>Does this horse have any problems with head shaking?</td>
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</tbody>
</table>

### Mare-Specific Questions

Has she ever been bred?
- Yes
- No

How many times was she bred before she conceived?

How many foals has this mare delivered?
- Alive
- Dead
- Died during the first month of life

### Stallion-Specific Questions

Has he ever had a problem with fertility?
- Yes
- No

Has his semen ever been examined?
- Yes
- No

Are there any problems with libido?
- Yes
- No

### Gelding-Specific Questions:

...
Has she ever been diagnosed with a uterine infection?  
- Yes  - No

Has she had a uterine biopsy?  
- Yes  - No

Anything else of note:

I certify that the information I am providing regarding the horse described above is true and accurate. I also certify that no medications have been administered to this horse within the last 72 hours.

Signature of Seller/Agent:______________________________________________
Date:____________________

PRE-PURCHASE EXAM INFORMATION

Information from Buyer
Date:______________

Present?  - Yes  - No

Buyer’s Information:
Name:  
Address:  
Phone:

Phone:  
Buyer’s Agent:  

E-mail:

Fax:  
Seller’s name/Agent:  

Phone:

Horse’s Information:
Registered Name:  
Breed:  

Registration #:  
Gender:

Tattoo:  
Color:  

Barn name:  
Description:  

What is the intended use for this horse?
Does the purchase price/value of this horse meet or exceed $100,000?  • Yes  • No

Date of pre-purchase exam: ____________________________
If not yet scheduled, please indicate a few dates that you would be available.

It is a policy of Triangle Equine to obtain your credit card information prior to the time of your appointment. As always, we are happy to accept payment by check, cash or money order at the time of the appointment. Otherwise, your credit card will be charged the total amount due the same day of the pre-purchase exam. By signing this information form, you authorize our staff to run your credit card if payment is not received at the time of the appointment.

Type of card:  • MasterCard  • VISA

Credit card number: ________________________________________  Exp. Date: ________________

Name on card: ______________________________________________

Billing address, if different from above: ____________________________

Signature of Buyer/Agent: _______________________________________
Date: _______