

TRIANGLE EQUINE

MOBILE VETERINARY SERVICES

Office: (919) 460-6300 fax: (919) 460-8720 info@triangleequine.com

PRE-PURCHASE EXAM INFORMATION

Expected costs for Buyer: *Prices approximate and are subject to change.*

Call fee: varies depending on location

Initial exam: \$200- \$442.42

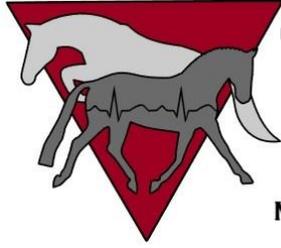
This exam is graduated and progressive. We begin with a moving exam under saddle, followed by a thorough moving exam on the ground (lunged on both soft and hard surfaces). Flexion tests are performed on all four limbs, hoof testers will be applied to all four feet, and palpation of the entire horse will 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, an 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 ocular cancer. 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) \$85 and up (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. 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 replaced. 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 \$300**
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.
- **Chemistry Panel/CBC/Fibrinogen \$141**
Can provide helpful information regarding kidney and liver function as well as other organs.
- **Coggins \$38 - \$88**
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.

- **Health Certificate Exam \$57.50**
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 \$78.50**
If required by your insurance company. Please supply us with the insurance form.
- **Endoscopy \$102.50**
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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Information from Seller

Date: _____

Seller's Information:

Name:

Seller's Agent:

Address:

Phone:

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? _____ (Or how long has it been in your care? _____) When was the last time Strangles was present on your property? _____

Vaccine History:

Please write date last vaccine

Tetanus EEE/WEE/West Nile Rabies Flu/ Rhino Strangles _____ _____

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Date of last Deworming/ Product: _____

Please have a copy of the current **Coggins Certificate** available at the examination.

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.

	Yes	No		Yes	No
Does this horse have any vices?	<input type="checkbox"/>	<input type="checkbox"/>	Has this horse ever had any joints injected?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Is this horse currently on medication of any type?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Have radiographs been take for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Is this horse fed supplements of any type?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Does this horse have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Is this horse currently receiving a nonsteroidal anti-inflammatories (such as Bute)?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Is this horse currently insured?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Is this horse currently receiving an oral or injectable joint supplement?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Has a medical or surgical claim ever been filed for this horse?	<input type="checkbox"/>	<input type="checkbox"/>
_____ When worked during hot weather, does this horse sweat normally?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Has this horse ever been denied insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Does this horse have any problems with head shaking?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Other:		
_____ Has this horse ever hurt any human or other horse?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

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_____

Has she ever been diagnosed with a uterine infection?

Yes No

Has she had a uterine biopsy?

Yes No

Anything else of note:

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:

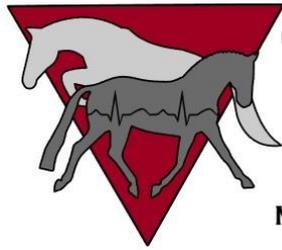
Have both testicles been removed?

Yes No

**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: _____



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Information from Buyer

Date: _____

Present? Yes No

Buyer's Information:

Name:

Buyer's Agent:

Address:

Phone:

Phone:

Seller's name/Agent:

E-mail:

Fax:

Phone:

Horse's Information:

Registered Name:

Breed:

Registration #:

Gender:

Tattoo:

Color:

Barn name:

Description:

What are your goals 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: _____ CVV# _____

Exp.Date: _____

Name on card: _____

Billing address, if different from above:

Signature of Buyer/Agent: _____

Date: _____