



OLD WATERLOO EQUINE CLINIC

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Tena E. Boyd DVM

Alisha N. Oehling, DVM

Please complete each section of this form and return it to our office by fax or email **BEFORE the Examination appointment.**

PROSPECTIVE BUYER: AGREEMENTS REGARDING PRE-PURCHASE EXAMINATION

I, _____, am the Prospective Buyer of the horse named on this document.

Address _____ Tel _____ Email _____

Please circle one: I WILL or WILL NOT be present for this appointment.

Authorization for an Agent to Act on the Prospective Buyer's Behalf:

I hereby grant authority to _____ to act as my Agent regarding all aspects of the Pre-Purchase Examination of the horse named on this document. This authority includes, but is not limited to, decisions regarding veterinary services and fees, as well as the discussion of the Examination findings, services and report with any veterinarian(s) and/or designated staff, agents or representatives of *Old Waterloo Equine Clinic*.

Agent phone number: _____

Prospective Buyer's Signature _____

HORSE _____ Age _____ Breed _____ Sex: G F S Color _____

Please circle the intended use(s) and fill in the level of competition for the horse named on this document:

English: Pleasure Hunter Jumper Dressage Cross country Driving Combined training/Eventing

Western: Pleasure Trail Rodeo Reining Cutting Team Penning Barrel Racing Roping

Other _____ Level of Competition _____

Other: Trail Riding Draft Pulling (in harness) Miniatures Breeding Other _____

Please email an **extra** copy of the Pre-Purchase Examination _____ Report letter _____ Radiographic Study

To _____ Email _____

I hereby authorize Dr. _____ to perform a Pre-Purchase Examination of the horse named on this document. I understand and agree that:

- I am financially responsible for payment of all fees for Pre-Purchase Examination services to *Old Waterloo Equine Clinic*. I pre-authorize the credit card noted below for the estimated fees discussed. After the Pre-Purchase Examination is completed, Old Waterloo Equine Clinic will charge the actual fees for services provided to the credit card listed on this document.
- If I (or my Agent) arrange for someone to ride, drive and/or handle the horse named above for the Pre-Purchase Examination, that person must be 18 years of age or older and must sign a *Release of Liability* at the Examination appointment before the Pre-Purchase Examination can begin.
- If one of the OWEC doctors has a relationship with the horse/owner of the horse in question to be purchased, I understand I (or my Agent) will need to sign a Conflict of Interest form before the Pre-Purchase Examination can begin.
- If I the buyer (or my Agent) will not be present for the Pre-Purchase Examination I understand that a tech fee will be associated with the final costs to be determined by the veterinarian and what circumstances the exam is under, with a minimum cost of \$15.00.

PROSPECTIVE BUYER CREDIT CARD INFORMATION

Circle card Type: Visa MasterCard Discover AMEX Name on Card _____

Card Billing Address (include house # and zip) _____

Card # _____ Expiry Date _____

Cardholder's Signature _____

**I am 18 years of age or older and have the authority to execute this document.
To the best of my knowledge, the information I provided on this document is true.**

Date/Time

Signature: Prospective Buyer

Printed Name: Prospective Buyer