



PO Box 1288 Palm City, FL 34991
561-744-9026

Pre-Purchase Request Form

Buyer Name: _____ Date: _____

Buyer Address: _____

Buyer Phone Number: (Daytime) _____ (Evening) _____

Horse Name: _____ Age: _____ Sex: _____

Breed: _____ Intended Use: _____

Currently in training: yes / no Discipline: _____

Seller Name: _____

Seller Phone Number: _____

Address where horse is currently stabled: _____

Procedure/Information Requests

Radiographs:

_____ Front Feet – (four views each foot)

_____ Front Fetlocks – (five views each)

_____ Knees – (five views each)

_____ Hind Fetlocks – (four views each)

_____ Hocks – (four views each)

_____ Stifles – (three views each)

_____ Other: _____

Laboratory: CBC: _____ Chemistry Panel: _____ Drug Screen: _____

Other: _____

_____ Upper Airway Endoscopic Exam

_____ Ultrasound Exam: Area(s) _____

_____ Other: _____

I have requested the services listed above to be performed on the said horse for the purpose of a pre-purchase examination. By signing below, I agree to provide payment when the invoice is presented. Full payment of invoice is required before examination findings are released.

Signature: _____

Payment: Credit Card: Visa MC AMX Disc

Credit Card _____ Exp Date: _____ CVV-Code: _____

Billing Zip _____

Signature: _____

Please complete and fax back to 772-283-8296 or email to HarbourRidgeEquine@gmail.com

24hrs prior the examination taking place.