

Carolyn Todd, BVMS MRCVS
Edgardo Fullana, DVM
Alexis Torre, DVM
Allison Howard, DVM



Pre-Purchase Request Form

Buyer Name: _____ Date: _____

Buyer Address: _____

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

Buyers Email: _____

Agent Name: _____ Agent Phone Number: _____

Horse Name: _____ Age: _____ Sex: _____

Breed: _____ Intended Use: _____

Currently in training: yes / no Discipline: _____

Seller Name: _____

Seller Phone Number: _____

Address where horse is currently stabled: _____

Payment: Visa MC AMX Disc

Credit Card Number _____

Exp Date: _____ CVV-Code: _____ Billing Zip _____

Signature: _____

www.harbourridgeequine.com

PO Box 1288, Palm City, FL 34991 | Telephone 561.744.9026 • Fax 772.283.8296

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Procedure/Information Requests

EXAMINATION:

_____ Clinical Exam (includes full physical, working soundness exam, flexion tests and dilated ophthalmic exam)

RADIOGRAPHS:

_____ Full Set (fifty-two views to include: knees, all four fetlocks, hocks, stifles, front feet)

OR

_____ Front Feet – (seven views each foot)

_____ Hind Fetlocks – (four views each)

_____ Front Fetlocks – (five views each)

_____ Hocks – (four views each)

_____ Knees – (three-four views each)

_____ Stifles – (three views each)

_____ Other: _____ (neck, back etc)

LABORATORY:

_____ CBC, Chemistry & T4 Panel:

_____ Drug Screen (includes Previcox and Equioxx):

OTHER EXAMS:

_____ Upper Airway Endoscopic Exam:

_____ Ultrasound Exam: Area(s) _____

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: _____

Please complete and fax back to 772-283-8296 or email to HarbourRidgeEquine@gmail.com
24hrs prior the examination taking place.

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