



Barrow Veterinary Services

PO Box 126 • Social Circle, GA 30025 • 770-464-0890

Robin A. Barrow, DVM

Tanya B. Thomas, DVM

Buyer's Statement

I _____ (Buyer/Buyer's Agent), request that the horse _____ undergo a pre-purchase examination for use as a _____.

The recipient of this report is deemed to be aware that if some stages of the standard procedure are not carried out, any information or opinion contained in this report is based on partial examination only. Some clinical signs of disease, injury or abnormality that may have manifested themselves in the full examination may not be apparent in the restricted examination.

Where this examination and report are requested for the purpose of a business they are deemed to have been carried out upon the basis that the examining veterinarian's liability, howsoever arising, shall be no greater than a sum equivalent to 100 times the fee charged for the provision of this report. In addition, liability for consequential losses of any nature is also excluded.

Ownership of X-rays: The Buyer/Buyer's Agent acknowledges that any radiographs taken in the course of this examination are the property of the veterinary practice listed herein, but it is further acknowledged by the practice that copies of the radiographs will be supplied to the Buyer/Buyer's Agent's request and expense.

Reliance upon this report will constitute an acceptance of the limitations of liability referred to above.

In addition, the nature and extent of this report has been determined by particular request. The examining veterinarian disclaims any liability whatsoever to any party other than the party directly responsible for requesting and paying for the services rendered.

Signature: _____ (Buyer / Buyer's Agent)

Clinical Examination (which is carried out in three stages)

Indicate with a tick please

	YES	NO
Stage 1 Physical Exam & Palpation	<input type="checkbox"/>	<input type="checkbox"/>
Stage 2 Extended Exam	<input type="checkbox"/>	<input type="checkbox"/>
Stage 3 During and immediately after strenuous exercise.	<input type="checkbox"/>	<input type="checkbox"/>
Stage 4 Recovery Exam	<input type="checkbox"/>	<input type="checkbox"/>
Stage 5 Reflex after extended exam	<input type="checkbox"/>	<input type="checkbox"/>

(a) Ancillary Examinations

Indicate with a tick please

	YES	NO
Radiography (tick areas to be radiographed)	<input type="checkbox"/>	<input type="checkbox"/>

Front Feet (Podiatry Series)	Includes lateral and DP of both front feet.	\$175/both feet
Navicular Series	Includes skyline, 65 DP, traditional DP, 65 Lateral, Traditional Lateral, 65 Oblique	\$250/foot
Front Fetlocks	Includes DP, 2 Obliques, Lateral, Flexed Lateral.	\$175/each
Carpi (knees)	Includes DP, 2 Obliques, Lateral, Flexed Lateral, and Skyline.	\$175/each
Hind Feet	Includes lateral and DP of both hind feet.	\$175/both feet
Hind Fetlocks	Same as front.	\$175/each
Tarsi (hocks)	Includes DP, 2 Obliques, Lateral.	\$175/each
Stifles	Includes Lateral and PA.	\$200/each
Prepurchase Series (Routine)	Includes 4 view navicular, 3 view Front Fetlock, 3 view Hock and 2 view Stifle Series.	\$1,000
Prepurchase Series (Extended)	Includes full Navicular, Front & Rear Fetlock, Hock, and Stifle Series	\$1,500

Endoscopy of Airway	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Examination	<input type="checkbox"/>	<input type="checkbox"/>
Prepurchase Blookwork:	<input type="checkbox"/>	<input type="checkbox"/>
-CBC	<input type="checkbox"/>	<input type="checkbox"/>
- Chem Panel	<input type="checkbox"/>	<input type="checkbox"/>
- Drug Screen / Ultrasound Exam	<input type="checkbox"/>	<input type="checkbox"/>

Other ancillary examinations (please specify) _____

I understand the horse's usual veterinary attendant is _____

(Veterinarian / Veterinarian's Practice)

Terms of payment.

I understand that I will be responsible for payment of said prepurchase at time of service. Furthermore, I understand that any information provided in the owner's statement including that given relating to the non-administration of drugs, freedom of vices, existing performance, or suitability for intended use to not be warranted/guaranteed by Barrow Veterinary Services.

Signature: _____ (Buyer / Buyer's Agent)