

Sent to Buyer

**Rockwall Equine Center**  
David Celella, DVM  
Maria Payne, DVM

**Purchase Exam Information Form**

**Doctor who is doing the exam: David Celella, DVM**

**Scheduled exam date:** \_\_\_\_\_ **Scheduled exam time:** \_\_\_\_\_

**Exact location of exam:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Horses Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Buyers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**What work has the horse been doing in the last 6 months?** \_\_\_\_\_  
\_\_\_\_\_

**What do you plan on doing with the horse?** \_\_\_\_\_  
\_\_\_\_\_

**How long has the horse been in you care?** \_\_\_\_\_

**Buyer present @ exam: Yes / No (if no an agent must be present)**

**Agent: Yes / No (if yes, complete the following paragraph)**

**IF BUYER IS NOT AVAILABLE, PLEASE LIST THE AGENT**

**Buyer's agent: Yes / No**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Buyer's agent present @ exam: Yes / No

**WE MUST OBTAIN CONTACT INFORMATION FOR THE OWNER PRIOR TO EXAMINATION.**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Owner present for exam: Yes / no

**IF OWNER IS NOT AVAILABLE PLEASE LIST THE AGENT FOR THE OWNER**

Owner's agent \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Owner's agent present for exam: Yes /No

Horse's name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_

**The Name of the contact person for consultation with the Doctor:**

Relationship to the owner \_\_\_\_\_

**Phone numbers and time available for the doctor to call:**

**This examination is intended to assist the prospective purchaser. The examiner makes no warranties. Examination is done at the request of, at**

**the expense of, and for the use of the purchaser only. All the comments, findings, and recommendations made by the examiner are made in his/her opinion and to the best of their knowledge at the time of the examination. To avoid the attached stigma of “sound or unsound” recommendations are made in regard to intended use only.**

**Many subtle, yet internal medical or musculoskeletal problems are difficult to diagnose or may go unrecognized on our routine prepurchase examination. Recurrent colics, “tying up”, low grade intermittent bronchitis, bleeding, pregnancy, impaired vision, non-sweaters, and subtle lameness are some of the occasional conditions missed on these exams. If the buyer has ridden this horse in the occupation and at the intensity it is being purchased for, many of the above conditions could be recognized or ruled out.**

**As the purchaser of this horse, I fully understand the nature of this examination.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_