



358 Foxridge Road SW, Leesburg, VA, USA 20175  
(703) 505-2320 fax (703) 777-1891 info@totalequinevets.com

### Pre-Purchase Examination

#### PART I (Buyer's Section):

Buyer's Name: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Payment: (circle one): CC or Check or PayPal

CC # \_\_\_\_\_ exp: \_\_\_\_\_ 3 or 4 digit code: \_\_\_\_\_

Agent acting on behalf of buyer: \_\_\_\_\_ (C) \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: Gelding Mare Stallion

Markings: \_\_\_\_\_

Intended Use: \_\_\_\_\_

History of Use: \_\_\_\_\_

#### Examination Procedures

(circle all requested, details in the estimated costs page)

1. Clinical and Lameness/Motion Evaluation
2. Endoscopy of Upper Airway
3. Fecal Egg Count
4. Coggins Test
5. Complete Blood Count (CBC) and Chemistry Panel
6. Drug Testing
7. Reproductive Exam/Breeding Soundness Exam
8. Ultrasound Exam
9. Digital Radiographs: a) Bundled Package (includes front feet, front fetlocks, hocks, stifles)

b) Front feet c) Hocks d) Stifles e) Fetlocks f) Back/Withers g) Other: \_\_\_\_\_

I request that the aforementioned horse be examined for purchase. Examination procedures not circled are waived or declined as part of this exam. The pre-purchase examination reflects the health and soundness of the horse on the day of the evaluation and is no guarantee of future soundness and suitability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Buyer or Agent



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### Pre-Purchase Exam Estimated Costs:

**Farm Call: \$58**

#### **Pre-Purchase Clinical and Lameness Evaluation: \$310**

The clinical evaluation begins with a comprehensive examination of the horse's body systems which include respiratory, cardiovascular, ocular, musculoskeletal and gastrointestinal. During the moving evaluation, the horse will be examined at a walk and trot in a straight line; then lunged at the walk, trot and canter in both directions. Forelimb and hind limb flexions are also included in the pre-purchase evaluations. Under the direction of the veterinarian, the horse may be observed under saddle; therefore, we recommend bringing tack to the pre-purchase examination.

*The items below may be performed at the pre-purchase examination:*

#### **Digital Radiographic Examination: Bundle \$1,152 (regularly \$1,440)**

After the clinical examination, we generally proceed to radiographs. A thorough set of pre-purchase radiographs requires 30 views including front feet/navicular, front fetlocks, both hocks, and both stifles (this is a discounted package price - normal pricing for the same 30 views would be \$1,440, we offer 20% off).

Recommended radiographs for exam:

- FRONT FEET/NAVICULAR: Lateral, 0 degree DP, 65 degree DP, Navicular Skyline
- FRONT FETLOCKS: Lateral, DP, Medial and Lateral Oblique
- HOCKS: Lateral, DP, Medial and Lateral Oblique
- STIFLE: Lateral, Caudal-cranial, Medial Oblique

It is standard in our examination to remove the horse's front shoes in order to obtain the best quality radiographs. Exceptions will need to be discussed with the veterinarian performing the examination. We do not provide a farrier to replace shoes. More advanced diagnostics such as ultrasound may be indicated if swelling, thickening, or sensitivity of the tendons or ligaments is palpated. Additional radiographs of the carpus (front knee) and hind fetlocks may be indicated depending on the clinical and moving evaluation.

Additional radiographs are \$48 per view.

Front Feet (4 views each foot) \$384	Hocks (4 views each hock) \$384
Stifles (3 views each) \$288	Withers/Back radiographs (3-5 views) \$200-\$300

Digital Radiographs can be provided upon request on a USB drive for no charge. Postage charges will be at the buyer's expense.

**If radiographs accompany the horse and are used instead of our radiographs, there will be a \$250 radiographic consultation fee.**

**CBC/Chemistry Panel (Blood work): \$114**

A complete blood count (CBC) is one of the most common blood tests performed to help diagnose various infections or other abnormal conditions of the body like anemia or infection/inflammation. The Chemistry Panel provides information concerning muscle enzymes, kidney, liver and other organ function. Allow 1-3 days for results.

**Drug Screen: \$175**

Blood is sent to an outside lab. Results are often not available for at least 7-14 working days. We discourage storing serum as the freezing process degrades the sample.

**Digital Coggins Test: \$39**

Strongly encouraged unless the seller can provide the buyer with a current copy dated within the past 12 months.

**Endoscopy: \$120 (regularly \$150)**

Provides direct visual evaluation of the upper respiratory tract and helps diagnose conditions like "roarers", laryngeal hemiplegia, epiglottic entrapment, dorsal displacement, chondritis, and lymphoid hyperplasia.

**Health Certificate for interstate transport: \$35**

**Insurance Exam: \$40**

FAX or email forms to our office before the exam. Some insurance exams require very specific examination protocols.

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**Signature of Buyer/Agent**

**Date**



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**PART II (Seller's Section):**

To be filled out by Seller or Agent; fax to (703) 777 - 1891

Seller's Name: \_\_\_\_\_ (H) \_\_\_\_\_

Address: \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Agent acting on behalf of Seller: \_\_\_\_\_ (C) \_\_\_\_\_

Present Use: \_\_\_\_\_

Past use and levels: \_\_\_\_\_

Use horse is being sold for: \_\_\_\_\_

How long have you owned or been acquainted with the horse? \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: Gelding Mare Stallion

Markings: \_\_\_\_\_

**To your knowledge:**

Does the horse have current medical issues? NO YES

Do you know of any past medical issues? NO YES

Has the horse ever had any medical/lameness issues? NO YES

Does the horse have any vices? NO YES

Has the horse ever had any surgical procedures performed? NO YES

Is the horse currently on any medications or supplements? NO YES

Has the horse ever been on medications? NO YES

Has the horse had joint injections? NO YES

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

When was the horse last vaccinated? Which vaccines? \_\_\_\_\_

When was the horse last dewormed? Which dewormer? \_\_\_\_\_

When is the date of the horse's last Coggins? \_\_\_\_\_

I certify that I am the owner, or an authorized agent for the owner, of the above-described animal. I consent to allow the examination. The pre-purchase examination reflects the health and soundness of the horse on the day of the evaluation and is no guarantee of future soundness and suitability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Seller or Agent



**PART III (Veterinary Report):**

Location of Exam: \_\_\_\_\_ Weather at time of Exam: \_\_\_\_\_

WNL = within normal limits      NSF = no significant findings      - = negative      + = positive

**General:**

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Body Condition Score (1-9, 5=average): \_\_\_\_\_ Attitude: \_\_\_\_\_

Evidence of vices: \_\_\_\_\_ Conformation: \_\_\_\_\_

**Integument (skin):** \_\_\_\_\_

**Eyes, Ears, Nose, Throat:**

Eyes:	Left	Right		Left	Right
Menace	_____	_____	Vitreous	_____	_____
Fundus	_____	_____	Aqueous	_____	_____
Lens	_____	_____	Eyelids	_____	_____
Cornea	_____	_____	Epiphora	_____	_____

Ears: \_\_\_\_\_ Nose/Sinus: \_\_\_\_\_

Throat: \_\_\_\_\_

**Cardiovascular:**

Pulse quality: \_\_\_\_\_ Jugular refill: \_\_\_\_\_ Mucous membranes: \_\_\_\_\_

CRT: \_\_\_\_\_ Murmur/arrhythmia: \_\_\_\_\_

Murmur/arrhythmia (post-exercise): \_\_\_\_\_

**Nervous System:** \_\_\_\_\_

**Lymph Nodes:** Submandibular lymph nodes: \_\_\_\_\_

**Gastro-Intestinal:**

Borborygmi: \_\_\_\_\_ Fecal character: \_\_\_\_\_

Oral Exam: \_\_\_\_\_ Age by teeth: \_\_\_\_\_

**Uro-Genital:** \_\_\_\_\_

**Respiratory:** \_\_\_\_\_

**Musculoskeletal:**

Shod:    None    LF    RF    LH    RH    Shoe Type: \_\_\_\_\_

Impressions: \_\_\_\_\_

Neck/Withers/Back: \_\_\_\_\_

**Left Front**

Hoof Testers: \_\_\_\_\_  
Effusions: \_\_\_\_\_  
Abnormalities: \_\_\_\_\_  
\_\_\_\_\_

**Right Front**

Hoof Testers: \_\_\_\_\_  
Effusions: \_\_\_\_\_  
Abnormalities: \_\_\_\_\_  
\_\_\_\_\_

**Left Hind**

Hoof Testers: \_\_\_\_\_  
Effusions: \_\_\_\_\_  
Abnormalities: \_\_\_\_\_  
\_\_\_\_\_

**Right Hind**

Hoof Testers: \_\_\_\_\_  
Effusions: \_\_\_\_\_  
Abnormalities: \_\_\_\_\_  
\_\_\_\_\_

**Motion Exam:**

Surface Type: \_\_\_\_\_

Walk (straight) : \_\_\_\_\_  
Trot (straight): \_\_\_\_\_  
Lunge (left): \_\_\_\_\_  
Lunge (right): \_\_\_\_\_

**Flexion Test:** (0=negative/no response, 1=mild, 2=moderate, 3=significant response)

LF digit/fetlock:	0	1	2	3	RF digit/fetlock:	0	1	2	3
LF carpus:	0	1	2	3	RF carpus:	0	1	2	3
LH digit/fetlock:	0	1	2	3	RH digit/fetlock:	0	1	2	3
LH hock/stifle:	0	1	2	3	RH hock/stifle:	0	1	2	3

**Radiographs Taken:** \_\_\_\_\_

**Radiographic Impressions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ancillary Tests Requested (reports attached/forwarded as received):**

Blood drawn (for): \_\_\_\_\_

**Other Tests Requested/Completed:** \_\_\_\_\_

**Additional Comments/Conclusions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Veterinarian Name

\_\_\_\_\_  
Veterinarian Signature