



PRE PURCHASE EXAM CHECKLIST:

Purchasers Name: _____

Phone: _____ Cell: _____

Email: _____

New Client or Existing Client: _____

Current Owners Name: _____

Phone: _____ Cell: _____

Email: _____

Horse Name: _____ Age: _____ Breed: _____

Horse stabled at: _____ Colour: _____

Horse will be used for: _____ Sex: _____

Have you ever had a PPE before? Yes No

Have you seen or examined the horse? Yes No

Have you ridden or trialed the horse before? Yes No

What type of PPE are you after? 1-2 1-5

Are Xrays contemplated/required, Scope etc? Yes No

Are you able to be present at the time of exam? Yes No

Do you have specific concerns about the horse? Yes No

Would you like to talk to the vet before the exam takes place? Yes No

Cost Estimate requested? If so, what quote was given.

Has the potential purchaser been given the option of having another Veterinary practice perform the

PPE if conflict of interest arises? Yes - No