



CANTERBURY EQUINE CLINIC

EQUINE REFERRAL CENTRE

499 Springs Road, Prebbleton 7604. Telephone (03) 349-4791

staff@canterburyequine.co.nz

Pre-Purchase Examination – Waiver of Information

To be signed by vendor(s)

Waiver by owner(s)/owner’s duly authorized agent in respect of confidential information.

I, (*owner/owner’s duly authorized agent*)
agree that (*name of Veterinary Practice*) hereinafter
referred to as ‘the practice’ is authorized to obtain and disclose the complete medical and/or treatment
history of (*name of horse*), hereinafter referred to as
‘the horse’ held or otherwise know by the practice to
(*name of potential purchaser*).

I am aware that I am waiving my right to confidentiality and privacy terms of clause 6.1 of the veterinary Code of Conduct (*or equivalent subsequent codes*) and/or contract and/or common law and that the practise has no control over, or responsibility for how that information is used or disclosed once disclosure has been made.

I am aware that the practice is, in this isolated instance, acting on behalf of the potential purchaser of the horse and that the practice will be examining the horse at the potential purchaser’s request. Any information obtained or revealed during this examination is confidential to the potential purchaser and will not be disclosed to me without the potential purchaser’s consent, which may or may not be obtained, at the sole discretion of the potential purchaser.

I will not hold the practise or its employees, directors, or agents liable in any way in respect of the potential purchaser’s decision to purchase or not to purchase the horse.

Signature of owner/owner’s agent:

Full name: (*Owner / Owner’s agent*)

On (*Date*) at (*place*).