

REQUEST FOR PRE-PURCHASE EXAMINATION			
Horse's Name:	Age:	Colour:	Breed:
Sex:	Brands: Near	Off	Microchip #:
Purchaser's Name:			
Address:	Suburb:	Sta	te: Postcode:
Email:	Phone:		
I hereby request that WestVET described above. I accept respo			hase examination on the horse associated with this examination.
Signed:	Purchaser/Agent Date:		
Standard Examination Full clinical examination: cardiov back, withers, nasal & paranasal, landard Examination: at the walk on a hard, firm surface and evaluation and eval	arynx & trachea, pulmon, trot, canter, backing and ted on a sand arena surfact, usually 4-5 images per LH/RH Fetlock LH /RH Hock LH/RH Stifle	nary, digestive. d turning. The hace. Flexion tes	orse is trotted in hand and lunged ting of all four limbs is performed.
Other Tests Required eg. Ult		110	
	nformation view our we	bsite: <u>www.wes</u>	tvets.com.au
All bookings are made through the to confirm your booking – call 07		•	ote credit card details are required
MCard / VISA	CCV		
Credit Card Number:	Expiry Date:		
Name on Card:	Signature:		