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Purchase Exam Buyer Information Form

Today’s Date Date exam requested

Doctor requested

Location where exam will be performed

Buyer Phone

Address

Seller Phone

Horse name

Age Breed Sex

Intended use of horse

Has buyer ridden horse?

Additional procedures desired

Radiographs

Endoscopy

Drug testing Fecal

CBC Chemistry

EPM Titer Lyme Titer

Please ensure that someone will be available to ride/drive/handle the horse during the exam.