

Green Mobile Veterinary Services

PREPURCHASE EXAMINATION FORM

829-5th Ave. • Prince George, BC V2L 3K5 • (250) 640-3784 • Email: office@greenmobileveterinary.ca

Purchaser: _____

Street Address: _____

City, Province, PC: _____

Cell: _____

E-Mail Address: _____

Seller: _____

Street Address: _____

City, Province, PC: _____

Cell: _____

E-Mail Address: _____

Horse Registered Name: _____

Horse Barn Name: _____

Colour: _____

Gender: _____

Age: _____

Breed: _____

Present Use: _____

Intended Use: _____

Date of Exam: _____

Time of Exam: _____

Veterinarian: _____

Insurance Company: _____

Referring Veterinarian: _____

Purchaser's Trainer: _____

Cell Phone: _____

Requested Procedures: Purchaser please check the box for each procedure you would like performed:

Clinical Exam & Laboratory Testing

Pre-Purchase Exam:

Standard Coggins Test:

Health Certificate:

Complete Blood Count:

Chemistry Profile:

Drug Screen:

Imaging

Both Front Feet:

Both Hocks:

Both Front Fetlocks:

Both Knees:

Both Stifles:

Both Hind Fetlocks:

Ultrasound: Area of concern (e.g., Left front suspensory tendon): _____

Please describe any specific concerns you want addressed in this Pre-Purchase Examination:

If you will not be present at the time of exam, please list the name and telephone number of your representative below.

Name: _____

Telephone: _____

Payment Terms: Unanticipated services may incur additional costs. Pre-Purchase Examinations cannot be scheduled until Green Mobile Veterinary Services has your credit card information and authorization; please call our office with that information **(250-640-3784)**, or print, complete and email this request form:

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Credit Card Authorization

Name: _____

Credit Card Number: _____

Expiration Date: _____

CVV: _____

I understand that I am responsible for payment of the above procedures and treatments at the time of service. I authorize Green Mobile Veterinary Services to charge my invoice in its entirety to the above referenced credit card.

Owner/ Authorized Agent: _____

(Signature)

Date: _____