



Bend Equine Medical Center, LLC  
 19121 Couch Market Road  
 Bend, OR 97701  
 (541)-388-4006

## Prepurchase Examination

To be completed by the seller:

Seller Information	
Seller Name:	
Address:	
Phone Number:	
Agent Name:	
Address:	
Phone Number:	
Veterinarian:	
Past/Current Use of Horse:	

Horse Information			
Registered Name		Breed	
Barn Name		Gender	
Age		Height/Weight	
Color/Markings		Tattoo/Brand	
Location of Vet Records		Duration of Ownership	

Medical History	Yes	No	Explanation
Has this horse had a recent negative coggins test?			
Has this horse ever had colic?			
Does this horse have any history of lameness or other orthopedic problems?			
Has this horse ever had X-rays taken?			
Does this horse have any history of neurologic disease?			

Has this horse ever had respiratory disease?			
Has this horse taken any medication in the last 60 days?			
Has this horse ever tied up?			
Has this horse ever had surgery?			
Has this horse ever been bred? Did a pregnancy result?			
Is this horse pregnant (if mare)?			
Does this horse have any bad habits/stable vices (cribbing, wind-sucking, weaving, biting)?			
Has this horse ever had a vaccine reaction?			

Medical History	
Please list vaccinations and deworming for the last 12 months:	
Please describe feed and supplements for the last 12 months:	
Please describe training/performance history:	
Please describe work level in the last month and the date/activity of last competition:	
When was this horse last trimmed/shod?	
Where is this horse kept? Pasture/Dry Lot/Stable/Etc.	
Please describe veterinary examinations/treatments/medications in the last 12 months:	

The statements above are true and complete to the best of my knowledge. This horse has not received any medication of any kind in the last three weeks (except as mentioned above).

Signature of Seller: \_\_\_\_\_ Date: \_\_\_\_\_

## Prepurchase Examination - Liability Release Agreement

### To be completed by buyer:

I \_\_\_\_\_, hereafter "buyer" am the prospective purchaser or prospective purchaser's agent. Buyer acknowledges that Bend Equine Medical Center, its veterinarians, employees, technicians and staff have agreed to perform a prepurchase examination at your request on a horse named \_\_\_\_\_ upon the terms and conditions of this agreement which includes a promise by buyer not to sue based upon buyer dissatisfaction with an executed purchase of the animal examined and identified in this agreement.

Bend Equine Medical Center will perform a prepurchase examination of \_\_\_\_\_ (horse's name) on or around \_\_\_\_\_ (date). The scope of the examination and the selection of diagnostic test chosen shall be determined by the buyer in consultation with Bend Equine Medical Center. The veterinarian whom conducts the prepurchase examination will provide you with information regarding any existing medical problems and the horse's overall health and condition on the given day of the examination. The examination is not intended to be used as a prognosis for future health, soundness or a warranty for the horse's suitability for any particular future use or purpose. The veterinarian's job is neither to pass nor fail the animal being examined. The determination by buyer to purchase the animal examined is solely buyer's choice and responsibility.

The buyer should be aware that this examination does not encompass an in depth evaluation of the horse's temperament, ability, or aptitude for a particular discipline. It describes the horse's health and soundness on the day of examination. A routine prepurchase examination may not reveal subtle unsoundness, especially if the horse has not been in hard/consistent work in the preceding months. Some conditions, such as mild recurrent airway obstruction ("heaves"), mild vision impairment, early PPID ("cushing's disease"), digestive disorders predisposing to colic signs, and muscle disorders such as equine polysaccharide storage myopathy ("tying up") may not be apparent during an examination.

Buyer acknowledges that a material condition of Bend Equine Medical Center's agreement to perform this prepurchase examination is buyer's agreement to release, waive and discharge Bend Equine Medical Center, its veterinarians and employees from all claims arising directly or indirectly from the performance of the prepurchase examination; this is a promise by buyer not to sue.

I have read this agreement, "Prepurchase Examination - Liability Release Agreement", and fully understand its terms. I intend my signature to be a complete and unconditional liability release to Bend Equine Medical Center, LLC.

Signature of Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_