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**Buyers Statement**

**Regarding the horse known as:**

“ \_\_\_\_\_ ”

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Agent: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

Will the buyer be present? Circle one Yes/ No

Please note if home/work/cell)

Horse's name: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

\_\_\_\_\_

**Please read & initial:**

- \_\_\_\_\_ I understand that this is not a pass/fail situation
- \_\_\_\_\_ I understand a list of normal/abnormal findings will be presented to the “buyer”.
- \_\_\_\_\_ I understand that this clinical/lab my not detect all things that may be afflicting:  
Specifically, but not limited to:
- \_\_\_\_\_ “Designer drugs” that may be undetectable using current techniques
- \_\_\_\_\_ “E.P.M.” and other sub-clinical neurological conditions
- \_\_\_\_\_ “O.C.D” and other developmental lesions that may be undetectable at this time
- \_\_\_\_\_ “Sub-clinical” viral infections; vision problems; recurrent uveitis
- \_\_\_\_\_ “Sub-clinical” behavioral problems
- \_\_\_\_\_ “Sub-clinical” abnormalities of the vertebral column
- \_\_\_\_\_ “Sub-clinical” abnormalities of non-radiographic joints (hips, shoulders, elbows)
- \_\_\_\_\_ “Sub-clinical” dental problems
- \_\_\_\_\_ “Chemical” neurectomy
- \_\_\_\_\_ Chronic colic/ digestive disorder (gastric ulcers)
- \_\_\_\_\_ Non-sweating in some conditions
- \_\_\_\_\_ Allergies, E.I.P.H., endocrine, low grade bronchitis

**EXAMINATIONS REQUESTED**

- Clinical examination, flexions test, motion exam     Endoscope airway
- Ultrasound     CBC & Health panel     Drug screen

