



Tony Kimmons, DVM

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615-395-4441

615-395-4152: Fax

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

Buyers Statement (continued)

- Digital Radiographs: Please see attached recommended views
- Fetlocks: Front 4-5 views per leg
 - Fetlocks: Hind: 2-4 views per leg
 - Hocks: 4 views per leg
 - Front feet/ Navicular: 4 views per foot
 - Stifle: 2-3 views per leg
 - Other _____ (please denote specific area to be radiographed)
- Coggins
- Other: _____
- Video tape of horse on flexions & lunge line

Date of Pre-Purchase exam _____

Method of payment: Mastercard Visa Discover

Credit card number: _____

V code(3 digit code on the back of the credit card) _____ Exp date _____

Address: Please submit mailing address for the credit card if it is different than the one given with "buyer" information.

Street or P.O. Box

City

State

Zip

Examination procedures not checked are waived as part of this examination. I understand that Franklin Equine Services, LLC &/or its veterinarians does/does not have previous knowledge of this horse to be disclosed. I request and agree to pay for the above captioned horse to be examined for purchase. I agree that the credit card noted above can be used for payment for these procedures.

Signature: _____ (Buyer/Agent)

Date: _____