



Innovative Equine Podiatry & Veterinary Services, PLLC

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PRE-PURCHASE EXAMINATION REQUEST FORM

Purchaser: _____ Seller: _____
Street Address: _____ Street Address: _____
City, State, Zip: _____ City, State, Zip: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

Horse Name (Registered/Barn): _____
Color: _____ Date of Exam: _____
Gender: _____ Age: _____ Time of Exam: _____
Breed: _____ Veterinarian: _____
Present Use: _____
Intended Use: _____
Insurance Company: _____
Referring Veterinarian: _____

Medical History

Previous Medical Abnormalities [] None Treated [] Unknown
Comments: _____
Previous Surgical Conditions [] None Treated [] Unknown
Comments: _____
Previous Lameness Conditions [] None Treated [] Unknown
Comments: _____
Current Medications [] None Treated [] Unknown
Comments: _____

Procedures Requested (please check box for each procedure to be performed):

[] Clinical Examination
Radiographs
[] Podiatry/feet [] Navicular [] Fetlocks
[] Knees [] Stifles [] Hocks
[] Bloodwork/Chemistry [] Drug/Medication Screen
[] Standard Coggins Test [] Health Certificate
[] Reproductive Exam [] Fecal Exam
[] Other: _____

Additional Information:

To ensure a seamless transition in owners, it is also imperative that you are knowledgeable about your prospective horse's vaccination status, deworming history, feeding management plan, special shoeing concerns, present housing, and current exercise level. We may cover some of these areas in the course of the examination, but it is your responsibility to obtain this information from the seller, the agent, or other resources.

Release:

I understand that this examination is to evaluate the medical health and condition of this horse, presented at this time, under today's conditions. I realize that the findings of this exam are one aspect of the purchase decision and are presented to assist me in making an informed decision. I am aware that the findings at this examination are not a warranty, express, implied or otherwise of future health, freedom from lameness/injury or suitability.

Buyer releases Innovative Equine Podiatry and Veterinary Services, PLLC and its owners, agents, employees, and representatives from all liability to Buyer and Buyer's agents, employees, representatives, successors and assigns for all liability, claims, damages, or demands arising from our related to the pre-purchase examination of the Buyer's horse.

Authorized Signature: _____ Date: _____