



### Pre-Purchase Examination (PPE) Form

<b>Preferred date of Examination</b>	
<b>Horse Details</b>	Name: _____ Breed: _____ Sex: _____ Age: _____ Intended Use: _____ Value: _____
<b>Address PPE to be performed</b>	<input type="radio"/> GVEH (preferred) <input type="radio"/> Alternate address (travel charges apply); _____ _____

<b>Purchaser Name</b>	
Address	_____ _____
Phone Number	
Email Address	

<b>Vendor/Agent Name</b>	
Address	
Phone Number	

<b>Type of PPE</b>	<input type="radio"/> <b>Basic PPE</b> (clinical examination, trot up & flexion tests) <input type="radio"/> <b>Complex PPE- 5 stage</b> (Clinical examination, trot up, flexion tests, examination during exercise and re-examination post exercise) <b>Additional diagnostics</b> <input type="radio"/> X-rays (Please Specify) _____ <input type="radio"/> Ultrasound <input type="radio"/> Respiratory Endoscope <input type="radio"/> Blood tests (health profile) <input type="radio"/> Drug test (blood sample for screening sedation, steroids and anti-inflammatories) (Please note a charge of \$650 for drug screening test) Additional charges for sedation (plus drugs) and travel may be added
<b>Credit card details</b>	Name on Card _____ Card number _____ Exp date: ____/____
<b>Signed by purchaser</b>	_____