

Buyer's Statement

This version of the buyer's statement should be used in cases where the horse to be examined or the horse owner is a client of the veterinary practice performing the pre purchase examination



I, (Buyer/Buyer's Agent),

Address:

Tel:..... Email:.....

request that the horse..... undergo a pre-purchase examination for use as a

.....
This is to be undertaken by Dr.....(Veterinarian)

of Waikato Equine Veterinary Centre, 11 Pickering Road, Cambridge, 3493 (Practice).

PLEASE NOTE: *I am aware that the horse is owned by a person(s) that is/are or have been a client of Waikato Equine Veterinary Centre.*

I have been given the option of consulting with an independent practice and/or veterinarian but decline to do so.

The owner(s) have waived the right to confidentiality in respect of the complete medical and/or treatment history held by or known to Waikato Equine Veterinary Centre.

In circumstances where Waikato Equine Veterinary Centre has made all reasonable efforts to disclose to me all relevant information. I accept the practice cannot take any responsibility for any lack of information. I also accept they cannot take responsibility for or guarantee the accuracy or completeness of any information provided. I will not hold the practice or its employees, directors or agents liable in any way in respect of the information obtained or not obtained in respect of the horse's medical and/or treatment history where reasonable efforts have been made Waikato Equine Veterinary Centre in this regard.

Waikato Equine Veterinary Centre is acting for me in this isolated instance and any information obtained or revealed during this examination is confidential to me and will not be disclosed by the practice to the owner(s) or any other person without my consent, which I have the free option of providing or not.

The recipient of this report is deemed to be aware that if some stages of the standard procedure recommended by the Equine Branch of the New Zealand Veterinary Association are not carried out, any information or opinion contained in this report is based on partial examination only. Some clinical signs of disease, injury or abnormality that may have manifested themselves in the full five stage examination may not be apparent in the restricted examination.

Where this examination and report are requested for the purpose of a business, they are deemed to have been carried out upon the basis that the examining veterinarian's liability, howsoever arising, shall be no greater than a sum equivalent to 100 times the fee charged for the provision of this report. In addition, liability for consequential losses of any nature is also excluded.

This contract is governed by New Zealand law.

The Buyer/Buyer's Agent irrevocably agrees that the Courts of New Zealand will have exclusive jurisdiction to hear and determine all disputes under or in connection with this contract. The Buyer/Buyer's Agent further acknowledges that New Zealand is the forum conveniens for the hearing and determination for all disputes in connection with this contract.

Ownership of X-rays: The Buyer/Buyer's Agent acknowledges that any radiographs taken in the course of this examination are the property of the veterinary practice listed herein, but it is further acknowledged by the practice that copies of the radiographs will be supplied at the Buyer/Buyer's Agent's request and expense.

Reliance upon this report will constitute an acceptance of the limitations of liability referred to above.

In addition, the nature and extent of this report has been determined by particular request. In the circumstances the examining veterinarian disclaims any liability whatsoever to any party other than the party directly responsible for requesting and paying for the services rendered.

Please indicate with a tick which aspects of the examination for purchase **you do/do not** wish to have carried out.

Name, Email and/or Telephone number of Owner:

Location of Horse:

Name / Colour / Sex & Age of horse:

Are you (as buyer) able to be present at the examination? YES/NO

Do you have any specific concerns about the horse? YES/NO

If yes, please state: _____

Are you a new or existing client of Waikato Equine Veterinary Centre? New Existing

Have you ever had a pre-purchase examination before: YES/NO

Do you need to discuss the type of examination with the vet? YES/NO

PLEASE NOTE WE MUST COMPLETE AS A MINIMUM EITHER A FULL EXAMINATION OR A PARTIAL EXAMINATION.

The clinical examination will be carried out substantially in accordance with the standard procedure recommended by the Equine Branch of the NZ Veterinary Association (1997).

All prices are inclusive of GST. There is no exemption on GST for pre purchase services.

Please indicate with a tick which aspects of the examination for purchase **you do/do not** wish to have carried out.

A. Clinical Examination (which is carried out in five stages)

Indicate with a tick please, either:

_____	FULL EXAMINATION (which includes)- RIDER & EQUIPMENT REQUIRED	Cost
Stage 1	Preliminary examination at rest.	\$930.00
Stage 2	During walking, trotting, turning, backing and flexion tests.	
Stage 3	During and immediately after strenuous exercise - whilst ridden.	
Stage 4	During period after exercise.	
Stage 5	During walking, trotting, turning, and backing.	

OR, _____ PARTIAL EXAMINATION (which includes)

Stage 1	Preliminary examination during rest	\$740.00
Stage 2	During walking, trotting, turning, backing and flexion tests.	

B. Ancillary Examinations

Indicate with a tick please

	YES	NO	COST
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	\$139.00
Blood test for anti-inflammatories	<input type="checkbox"/>	<input type="checkbox"/>	\$315.00
Radiography (tick areas to be radiographed): -	<input type="checkbox"/>	<input type="checkbox"/>	\$370.00 first joint, (\$119.00 per additional joint)

Sport-horse Package: Maximum of \$1450.00 includes limbs and dorsal spinous processes. Any additional areas will incur joint costs.

<i>Front feet</i>	()	<i>Front fetlocks</i>	()	<i>Knees</i>	()
<i>Stifles</i>	()	<i>Hocks</i>	()	<i>Hind fetlocks</i>	()
<i>Dorsal spinous processes</i>	()				

Any additional areas?.....

B. Ancillary Examinations (continued)

	YES	NO	
Reproductive Examination	<input type="checkbox"/>	<input type="checkbox"/>	\$59.00 (suitable safe crush required)
General blood test – haematology and limited biochemistry panel / full panel	<input type="checkbox"/>	<input type="checkbox"/>	TBA on Enquiry
Ultrasonographic soft tissue examination*	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00 per leg

*Includes screening images of the following structures only:
Superficial digital flexor tendon (SDFT), deep digital flexor tendon (DDFT) & suspensory ligament branches.
Important Note: Images of abnormalities will be recorded but routine normal images are not recorded.

Mileage and travel time is charged at \$2.60km from 11 Pickering Road to the property address.

Auxiliary examination costings above do not include sedation that may be required for procedures such as radiography. Due to weight of horse and dose required, we are only able to give an estimated cost for this.

I understand the horse's usual veterinary attendant is.....
(Veterinarian/Veterinarian's Practice)

I understand that by signing this form I will be responsible for payment for the examination requested above.

Please note: - The certifying veterinarian takes no responsibility for, nor warrants the accuracy of, any information provided in the owner's statement including that given relating to the non-administration of drugs, freedom from vices, existing performance or suitability for intended use.

Signature:.....**Buyer / Buyer's Agent (please circle applicable)**

Date:.....

PAYMENT TERMS:

Credit/debit card details must be provided below for all examinations, for security purposes.

By signing this buyer's statement as the Buyer or Buyer's Agent you accept responsibility for payment of the examination.

Once the pre-purchase examination has been completed, we will email you the invoice along with a Windcave payment link via text and/or email. Once payment has been made in full, we will release the clinical findings and report.

Please note: WEVC reserves the right to withhold findings, radiographs or veterinary certificate until full payment has been received for services rendered.

Name of person paying for the examination:.....

Address:

Phone number: Mobile:

Email Address:

Credit Card No. (Visa and Mastercard) Exp/

Name on card: Cardholders signature: