PREPURCHASE EXAMINATION
HILL COUNTRY EQUINE
DAVID M. DUTTON, D.V.M., DIPLOMATE, ACVS

Buyer/Agent please fill out the following completely:
Date: _____
Buyer _____
Address_____
City/State _____
Phone _____
Horse's Name _____ Breed_____ Sex _____
Intended Use _____ Age_____ Color _____

Ancillary Procedures	Declined	Requested
Upper Airway Endoscopy		
Rectal		
Coggins Test		
CBC/Chemistry Panel		
Drug Testing NSAIDS (Blood)		
Drug Testing Sedatives (Urine)		
Ultrasound		
Breeding Soundness (Mare reproductive evaluation)		
Other (ie: HYPP)		

Radiographs Requested (please check)
Front Feet P3/Navicular_____
Fetlocks Front_____ Hind_____
Carpus (Knee) _____
Hocks _____
Stifles _____
Cannon/Splints Left Fore_____ Right Fore____ Left Hind _____Right Hind _____
Other_____
Additional Comments from buyer: _____
_____

Please note that my evaluation does not include the horse's aptitude, ability or temperamental suitability. These are at the buyer's discretion. This exam implies no warranty. Any type of guarantee must be arranged between the buyer and the seller. Enclosed statements are based on the clinical exam and information obtained on this date.

_____ _____
Signature of Buyer or Agent Date