

PART ONE: PURCHASERS STATEMENT

Purchaser name: _____
 Purchaser address: _____ Contact number: _____
 Name of horse being examined: _____
 Proposed purpose of the horse: _____ Asking price (optional): _____

I understand that the examination will be carried out in accordance with Equine Veterinarians Australia guidelines. I request in addition the following procedures (please tick);

Radiography Specific areas: _____
 Upper airway endoscopy Other examination: _____
 Blood drug screening

***I understand that the results of the drug screening are only valid at the time of collection as part of a bona-fide pre-purchase examination only, are confidential and cannot be used for any other purpose. I understand that the samples are sent immediately to the testing laboratory and cannot be stored to be tested at a later date. I have been advised that the purchase not be completed until the drug screening results are available.**

I undertake to use this information solely in the pre-purchase evaluation of this horse, and will not divulge information to any third party, or for any other purpose. I accept responsibility for payment of veterinary fees associated with this examination.

Signed: Purchaser/Agent: _____ Date: _____

PART TWO: VENDOR'S STATEMENT

Vendor's/agents name: _____

Address: _____ Contact No: _____

How long have you been acquainted with this horse? _____

Do you have any knowledge of any of the following, past or present? (please circle) If yes, please give details:

1)	Heritable Disorder?	Yes	No	Unknown			
2)	Diseases?	Yes	No				
3)	Accidents?	Yes	No				
4)	Any previous eye disease, trauma or impaired vision?	Yes	No				
5)	Lameness?	Yes	No				
6)	Head shaking, stringhalt or locking stifle?	Yes	No				
7)	Vices? eg windsucks, weaves, bites, kicks, bucks etc.	Yes	No				
8)	Abnormalities of breathing at rest or during exercise?	Yes	No				
9)	Surgical procedure (colic surgery, orthopaedic etc.)	Yes	No				
10)	Vaccinations administered (please circle)	Strangles	Tetanus	Herpes	Equity®	Hendra (Date _____)	Other

Any additional details? _____

For what purpose do you understand the horse is being assessed? _____

Do you have an opinion as to the horses suitability for this purpose? Yes/ No

If yes please state _____

DECLARATION

I consent to a veterinary examination on the above horse by _____

as part of a pre-sale assessment on behalf of _____

I understand that this examination may include (strike out if not applicable)

Physical examination	X-Rays	Internal Examination by ultrasound or palpation	Use of a mouth gag
Blood and urine collection and testing	Upper airway endoscopy	Other examinations as discussed	Lungeing

I understand that sedatives may need to be administered to the horse in order to conduct parts of the examination safely. I also understand that each examination carries finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.

Signed: Vendor/Agent _____ Date: _____

BLOOD COLLECTION AND TESTING

PURCHASERS STATEMENT

I _____ request that blood samples be taken for the purpose of drug screening. I understand that the drug groups being tested for are:

- NSAIDS
- Sedatives
- Corticosteroids
- Local Anaesthetics

I would like the blood samples tested for anabolic steroids for an additional fee: Yes / No

I understand that the results of the drug screening are only valid at the time of collection as part of a bona-fide pre-purchase examination only, are confidential and cannot be used for any other purpose. I understand that the samples are sent immediately to the testing laboratory and cannot be stored to be tested at a later date. I have been advised that the purchase not be completed until the drug screening results are available.

Signed (Purchaser or Agent): _____ Name: _____

VENDOR OR AGENT'S STATEMENT

I _____ consent to a blood sample being collected for the purpose of drug screening.

Signed (Vendor or Agent): _____ Name: _____

BLOOD COLLECTION

Persons witness to the testing procedure: _____

Was a blood sample kit from Racing Industry Security Satchel used? Yes / No Sample ID number V _____

Was the EVA Pre-Purchase Examination Form number entered on the Sample Identity Document? Yes / No

WITNESS DECLARATION

I am satisfied with the blood sample collection and packaging. Yes / No

Signed (Witness for Vendor or Agent): _____ Name: _____

VETERINARIAN'S STATEMENT

Was the horse sedated at any time during the examination? Yes / No

What sedative was used (Drug, Dose and Route of Administration)? _____

Was the blood taken for drug screening taken prior to sedation? Yes / No

If No: Was Purchaser advised the horse will return a positive result to this drug Yes / No

Date:	Signed:		
Name (please print):	Place stamp/write address here:		
Contact Number:			
AVA member No:	VPB No:		