

PRE-PURCHASE EXAM INFORMATION SHEET

BUYER:

Name: _____ Present at PPE? Yes No (please circle)

Address: _____ City: _____

State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

For your convenience, our billing department can keep a record of your credit card information (Visa or MasterCard) on file, and bill the card appropriately for services rendered. If payment by credit card is not an option, the doctors will accept cash or check at the time of service. An itemized receipt will be sent or given to you for your records. Monthly billing and payment options are not available forms of payment at this time.

AGENT:

Name: _____ Present at PPE? Yes No (please circle)

Home: _____ Work: _____ Cell: _____

SELLER:

Name: _____ Present at PPE? Yes No (please circle)

Home: _____ Work: _____ Cell: _____

HORSE:

Name: _____

Breed: _____ Age: _____ Gender: _____ Color: _____

Intended use: _____

HORSE LOCATION: (We prefer to schedule PPE appointments at the clinic)

Address: _____ City: _____

Services requested. Call to schedule an appointment and for any questions regarding fees.

Clinic Call: _____

Endoscopy: _____

Farm Call: _____

ECG: _____

PPE (physical/lameness exam): _____

Drug screen: _____

Radiographs: _____

Coggins: _____

Sedation (as needed): _____

Diagnostic Profile (CBC/Chem): _____

Comment: _____

Doctor: _____ **Date:** _____ **Time:** _____