

PRE-PURCHASE FORM FOR BUYER

Mountain Point Equine Hospital, PLLC
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Buyer's Agreement and Pre-Purchase Exam Release

I understand that _____ (horse's name), owned by _____ (owners name) may have been seen by Mountain Point Equine Hospital, PLLC, and that Mountain Point Equine Hospital, PLLC also provides care to other horses owned and/or trained by _____.

_____ (Initial)

In performing a pre-purchase examination, the doctors of Mountain Point Equine Hospital, PLLC are working on behalf of the buyer. Any information, examination findings, radiographs, diagnostic results, etc. obtained during this appointment are the property of said buyer. Information can only be released to the seller or other parties under explicit permission from the buyer.

_____ (Initial)

A pre-purchase examination should be used along with the buyer's common sense and knowledge regarding the horse. The exam is just one of several tools used to understand a horse's unique problems and how to best manage those issues in light of age, history, performance record, prior health records, and intended use. The exam is based on information provided to the examining veterinarian which may not be complete or accurate. The exam does not waive the buyer's duty to exercise buyer's own due diligence in investigating the horse's prior history. It is the buyer's ultimate responsibility to determine if a horse is suitable for the buyer's intended use and purpose. For this reason, it is suggested buyer request seller's written authorization to release horse's prior treatment records from the relevant veterinary clinic(s). Similarly, any known invasive surgery, disease, injury, or congenital defect of the horse which is not readily apparent should be disclosed by Seller and/or Seller's Agent to the intended buyer and/or this examining veterinarian.

_____ (Initial)

During the exam, we may determine issues that suggest the need for additional testing methods or procedures. Buyer may ask that certain procedures not be performed for a variety of reasons. Limitation of recommended diagnostic tests or procedures may impact the ability of the examining veterinarian to identify potentially relevant health or soundness issues for this horse. Blood tests are recommended in all instances, and the clinic will hold for a period of thirty (30) days following the exam.

_____ (Initial)

Please note that any neurological findings may have a potential impact on the safety of existing or future riders. Buyer expressly assumes this risk in making their determination on purchase.

_____ (Initial)

Report findings are in writing, but may be supplemented by conversations between the examining veterinarian and the buyer. Where these conversations may or may not be communicated to third parties, third party reliance upon this report is discouraged and any such third parties are encouraged to seek their own contemporary examination by a veterinarian of their choice.

_____ (Initial)

In order for the undersigned to obtain the benefit of a fee which includes a lesser allowance for risk findings, the undersigned agrees to limit South Mountain Equine Veterinary Services' liability arising from its professional acts, errors, or omissions related to this pre-purchase examination such that the total liability of South Mountain Equine Veterinary Services shall not exceed total fees paid for the examinations services rendered

_____ (Initial)

Buyer

Date

Examining Veterinarian

Date



MOUNTAIN POINT
EQUINE HOSPITAL

Background Information

Buyer Name: _____

Date of Exam: _____ Location: _____

Name of Horse: _____ Registered Name: _____

Age: _____ Breed: _____ Sex: _____ Color: _____

Current Owner: _____ Phone: _____

Current Trainer: _____ Phone: _____

HISTORY:

When did you become interested in this horse? _____

Do you know the current owner? _____

Do you know any history on this horse? If so please describe:

What has the seller disclosed?

Have you or your trainer/agent ridden this horse? _____

What is the intended use of this horse? _____

Where will the horse be stabled?

Will you need a Coggins test for this horse?

Will the horse be under a trainer's care?

Do you intend to insure this horse? _____ If so, agent and phone # _____

Do you have any concerns regarding this horse?

Do you have any specific testing requests for this horse (i.e. Radiographs, drug testing, scoping)?