

Procedures and costs: The items below are available at the pre-purchase examination:

Please place a check mark in the boxes provided and ***initials*** to indicate which services you would like performed at the pre-purchase examination. Items with * are recommended. The more information obtained during the exam, the more complete the report.

***Prepurchase Clinical Examination: \$150.00** The clinical examination begins with a complete physical examination including eyes, skin, oral, external genitalia, etc. and a comprehensive evaluation of the horse's respiratory, cardiovascular, musculoskeletal and gastrointestinal systems. A search on USEF horse report is made and review. Horses will be scan for a microchip, number recorded and if no microchip is found, a microchip will be implanted unless buyer declined it. **(\$50.00 cost of new microchip) _____ Owner declines microchip implant. Initials _____**

***Flexion test and Moving Examination: \$230.00** During the moving evaluation, the horse will be examined at a walk and trot on a firm surface, and lunged, if consider necessary, at the walk, trot and canter in both directions. In addition, flexion of the joints of the forelimbs and hind limbs will be performed. Under the direction of the veterinarian, the horse may be observed under saddle; therefore, we recommend bringing tack to the pre-purchase examination. Anyone who rides the horse will have to sign a waiver and must wear an ASTM approved helmet.

*** Digital Radiographic Examination: Circle the one desire.**

Following the moving examination, the horse will proceed to be radiographed. The following options are available:

A: Complete package \$1,450.00, 40 or more views. A complete set of prepurchase radiographs requires 40 or more views that includes: front feet/ navicular (4 x2), front fetlocks (4 x2), carpus (2 x2), rear fetlocks (4 x2), hocks (4 x2) and stifles (2 x2 if additional views are required, will be included, as per Dr. Gamboa's discretion

B: Base package \$800.00, 24 views (front feet with navicular views 4x2, front fetlocks 4x2 and hocks 4x2),

C: As needed, \$45.00 per view/per radiograph or so called "Red Flags" radiograph.

We can take as many or as few radiographs as buyer desire. Just keep in mind, the more complete the study, the more information you will get. As part of any prepurchase study, the radiographs will be store in the cloud and will be available for the next 5 years. A link giving you complete access to the radiograph exam will be mailed to you, together with the final report. You can forward this exam to whom you wish to do so. .It is standard in our

comprehensive prepurchase examination, to remove the horse's front shoes to obtain the best quality radiographs of the front feet. In some occasions, if the views are appropriate, the shoes may not be removed. Exceptions will need to be discussed with the veterinarian performing the examination. We do not provide a farrier services, and arrangements to have the shoes replaced will need to be made elsewhere.

Radiographic findings are described in five grades. Grade 1 (**good**) and grade 2 (**satisfactory**) are consider **ACCEPTABLE**. Grade 3 (**poor**) is consider acceptable carrying and **INCREASED RISK**. Grade 4 or 5 are **NOT ACCEPTABLE**.

Radiologic findings are considered acceptable only when clinical findings justify this.

More radiographs, such as the neck, back, dental, elbows and shoulders, or different views, may be indicated depending on the clinical and moving evaluation. They can be submitted for further evaluation and instant decision making in consultation with your veterinarian if so desired.

Early radiographs (from earlier vet exams or other reasons) are great help when available. There will be an additional charge for interpretation depending the number of radiographs.

We offer referral of radiographs to a specialist on radiograph interpretation as a second opinion, if you are interested on this option, **please initial here _____**. There will be an extra cost, ranging from \$25 to \$65 per joint, by the specialist.

Digital Ultrasound examination \$250.00 one leg, \$350.00 two legs.

Indicated if swelling, thickening, or sensitivity of the tendons or ligaments is palpated, or any concern of soft tissue is noticed.

*** CBC/ Chemistry (Blood work): \$167.79**

A complete blood count (CBC) is one of the most common blood tests performed to help diagnose various infections or other abnormal conditions of the body. A chemistry additionally provides information concerning muscle enzymes, kidney, liver, and other organ function. (Results are available the same day).

* **Drug Screen: \$360.00** **Stat: \$300.00 additional, Results available in 1-2 days**

* **Drug Screen with Firocoxib (Equioxx): \$525.00**

Strongly recommended. The drug screen blood work is sent priority overnight; results are often available in 1-3 working days, depending on the day sent. The test includes any behavioral modification drugs, NSAID=s, steroids, (painkillers, antiinflammatory drugs) and certain metabolites. The test will report the presence or absence of drugs, not quantity. If a qualitative confirmatory and/or quantitative test is desire, additional cost (\$250 for qualitative confirmatory and \$400.00 for quantitative confirmatory) will incur. We do not recommend storing serum for drug screens to be performed at a later date, as the testable medications may deteriorate in the sample and not provide accurate results. Urine sample will detect some medications for longer times. If desire to run a urine sample, no extra charge will be added, but it is the responsibility of the buyer/buyer agent to collect the sample. I will provide the necessary collection tubes and instructions.

***Coggins Test: \$50.00 (Electronic Coggins).** A requirement unless the seller can provide our clinic with a current copy dated within the past 6 months. Please give new stabling information:

Any additional tests desired _____ \$ _____

Endoscopy of Upper Respiratory Tract: \$300.00

Provides direct visual examination of the upper respiratory tract and helps enable diagnosis of such conditions as: laryngeal hemiplegia, aryepiglottic entrapment, pharyngeal cysts, and lymphoid hyperplasia.

Video of Moving Exam: Not available, any person that want to video the exam is allowed to do so, please inform me.

Farm Call, if applicable: \$1.50 per mile. Miles: _____ x \$1.50 \$ _____ (Total mileage one way)

Health Certificate for out of state horse: \$30.00

Insurance Exam: \$35.00 (after pre-purchase exam).

(Please complete insurance section below and attempt to have forms faxed to us ahead of time). PLEASE DO NOT send prepurchase report to insurance company. Is to much info and they can get confused.

Insurance: (please provide form) The buyer intends to insure this horse for (please mark below):

Major Medical and Surgical Mortality

Loss of Use (If buyer would like Loss of Use, we would like to have a copy of the form so we can take appropriate actions). In addition, Blood work may be required, as well as more radiographs. **Additional charges will apply.**

_____ I do not intend to insure this horse.

DISCLAIMER:

In order for the undersigned to obtain the benefit of a fee which includes a lesser allowance for risk funding, the undersigned agrees to limit Gamboa Veterinary Services, LLC, Dr. Gamboa and its independent contractor's liability arising from its professional acts, errors or omissions related to this examination such that the total liability of Gamboa Veterinary Services, LLC and Dr. Gamboa and its independent contractor shall not exceed total fees for the examination services rendered in this specific pre-purchase examination.

Signature of Buyer/Buyer agent

Printed Name

Date

EQUINE PURCHASE EXAMINATION WORKSHEET

HANDLER

I, _____, hereby certify that I am authorized to present the horse described below to Juan C. Gamboa, D.V.M., for Purchase Examination. I also certify that the horse presented is the correct horse. I further certify that I am capable of and comfortable with handling the horse throughout the examination. I understand that the exam will require me to restrain, walk, trot in hand, lunge and/or ride at all gaits, jump (if requested), and other maneuvers as needed to for the horse=s evaluation.

Signature of Handler

To be filled by the Seller or Seller’s agent.

Seller’s Name: _____ Seller’s agent: _____ Seller’s Phone No. _____

Horse Name: Barn Name: _____ Registered Name: _____ USEF No: _____ Age: _____

Breed: _____ Sex: _____ Color: _____ Current use of horse: _____

Medications, doses and time of last admon. during last 7 days: _____

Intensity of exercise performed during last 7 days: _____

How long have you own or know the horse? _____ When was the horse last shod? _____

Is the horse up to date on vaccines and wormer? _____ Please discuss this with buyers.

When was the last Coggins done? _____ If you have a copy, please make it available

Does the horse have any medical problems?..... No Yes

Do you know of any past or present medical problems?..... No Yes

Does the horse have any vices?..... No Yes

Does the horse has any issues with sweating (anhidrosis)?..... No Yes

Has the horse had any kind of surgery? No Yes

Has the horse had prior joint injections during the last 6 months? No Yes

Other than during the past 7 days, is the horse in any medication? No Yes

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN. _____

Are there any important facts related to this examination?, Please explain: _____

Who has been the regular veterinarian for this horse: _____ Can I contact him to discuss his medical history: YES NO

Phone Number: or email: _____

I, the undersigned, certify that I am the owner or authorized agent of the mention horse. I hereby grant my consent to allow the examination procedures to be performed by Dr. Gamboa for the purpose of determining the health status of the horse listed above prior to sale.

TIP: Discuss with buyer, before the start of the exam the release of any medical findings related to this examination.

Seller or seller’s agent signature

Date

Tip:

If you are scheduling a pre-purchase use a purchase agreement and ensure you have a provision that dictates the SELLER will reimburse the full amount of the vetting if the horse shows any positive medications on a drug screen. Make sure the Seller signs that agreement BEFORE any vetting. Moreover, ensure the Seller or Seller's agent attest at the START of the vetting that no medications have been provided to the equine and if so, the vetting is stopped and scheduled for another day. You cannot rely on any vet check that has drugs on board. Consider having a an agreement form signed.

Another option is for the seller to pay for a new exam and a new drug screen in case the drug screen is positive to any medication.

Example,

I, _____ confirm that the horse named _____ has not received any medication that affects the results of this vetting. That in case the horse is positive of any medication that, in the opinion of the veterinarian performing the vetting, may affect the results,

___ Will reimburse the buyer for the full amount of the vetting

___ Will pay for a new exam and a new drug screen at a later date.

Seller date

Buyer date

For use and fill by the veterinarian performing the exam.

Complete Pending date completed_____

PRE-PURCHASE WORK FORM

Horse Name: _____ Buyer: _____ Agent: _____
Seller: _____ Agent : _____

Pre-purchase exam or Lease exam

- Pre-purchase exam done, to be done, Date: _____ Invoice created, Date: _____
- Payment received: Yes No Type: Visa MC AMEX Check Other _____
- Approved: Yes No _____
- Radiograph taken, date _____ Radiographs read and recorded, Date: _____
- USEF Horse Report printed and review: Yes No Notes _____
- Blood collected, date: _____ Test: CBC, ChemPanel, Coggins, T4, Drug Screen (NSAID=s, general) ,
Other _____
- CBC Chem Panel Submitted, date _____ Lab: _____ Rreceived date _____
- Drug Screen submitted, date: _____ Lab: _____ Received date: _____
- Other tests, _____ sent date: _____ lab: _____
- received date _____
- Preliminary report finish date: _____ Submitted date: _____
by: Fax _____ person: _____ email: _____ other: _____
- Final report finish date: _____ Submitted date: _____
by: Fax _____ person: _____ Email: _____ other: _____
- Insurance form requested, submitted, date: _____ to: _____ Via: _____
- Health certificate requested, submitted, date: _____ to: _____ Via: _____
- Link of rads sent: Yes No Date: _____

Notes: _____

