



ADELAIDE PLAINS EQUINE CLINIC

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Authorization for Pre-purchase Examination

BUYER

Date: _____ Time: _____

Buyers Name: _____ Will the buyer be present at the PPE? Yes No

If buyer not present, what is the best contact number on day: _____

Address where PPE to take place: _____

Home phone: _____ Mobile phone: _____

Postal address: _____

_____ State: _____ Postcode: _____

E-mail: _____

HORSE

Horses Name: _____ Registered Name: _____

Age/DOB: _____ Breed: _____ Sex: _____ Colour: _____

Horse to be used for: _____

Any Concerns: _____

SELLER

Sellers Name: _____ Phone: _____

Address (if needed): _____

PAYMENT

Credit card number: _____ Expiry: _____ CCV: _____

Price quoted: PPE _____ Call charge: _____ Other: _____

Terms of Pre-purchase Exam:

Seller: Person, or persons, selling the horse

Purchaser: Person, or persons, buying the horse, or agent on behalf of person(s) buying the horse.

Purchaser is responsible for the payment of the pre-purchase exam. Payment of the exam will be made before the exam is carried out, or any information is disclosed. It is our obligation to disclose any previous knowledge of the horse, to the purchaser.

Please be aware that our contract at the time of examination is with the purchaser, and only with the consent of the purchaser can any disclosure be made to the seller.

I have read and understand the above terms.

Signed Purchaser: _____

Date: _____

OFFICE USE ONLY

I have informed the purchaser and seller of our PPE policy:

Yes No Initial: _____

Yes No Entered & duplicated