

MOUNTAIN EMPIRE ANIMAL HOSPITAL, PLLC  
4340 NORTH ROAN STREET  
JOHNSON CITY, TN 37615  
423.282.6194

**PRE-PURCHASE REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Barn where the horse is located: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Horse's Breed: \_\_\_\_\_

Horse's Color and Markings: \_\_\_\_\_

Horse's Age and Sex: \_\_\_\_\_

Seller's Name and Address: \_\_\_\_\_

Is horse registered or insured? \_\_\_\_\_

Please describe the intended use(s) present and future, for the horse receiving the pre-purchase examination:

Please describe any medical/breeding history provided to you about the horse:

Please describe any performance/prior use history provided to you about the horse:

Please indicate what service(s) you wish to be performed understanding seller permission will be required:

Pre-purchase examination \_\_\_\_\_ Coggins testing \_\_\_\_\_ Digital Radiographs \_\_\_\_\_

Endoscopy \_\_\_\_\_ Blood profiles (cbc, etc.) \_\_\_\_\_ Drug screen \_\_\_\_\_ Urinalysis \_\_\_\_\_

Ultrasound \_\_\_\_\_ Breeding soundness exam \_\_\_\_\_

Other (Describe) \_\_\_\_\_

I understand the results of this report are based upon the examination of the described animal on this day and does not imply any guarantee or warranty of the animal for any purpose or ailment. I hold Mountain Empire Animal Hospital, PLLC, doctors and staff harmless with regards to this evaluation and findings.

Signature: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

We accept VISA, MasterCard, and Discover as forms of payment.

Credit card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Please fax completed form to 423.282.3428.

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Horse's Breed: \_\_\_\_\_

Horse's Color and Markings: \_\_\_\_\_

Horse's Age and Sex: \_\_\_\_\_

Buyer's Name and Address: \_\_\_\_\_

Is the horse registered or insured? \_\_\_\_\_

Has the horse had a Coggins test and if so when? \_\_\_\_\_

Please describe the horse's medical/breeding history:

Please describe the horse's performance history:

I give permission to the veterinarians and staff at Mountain Empire Animal Hospital, PLLC for a pre-purchase examination and sedation/tranquilization if necessary.

I understand the results of this report are based upon the examination of the described animal on this day and does not imply any guarantee or warranty of the said animal for any purpose or ailment. I hold Mountain Empire Animal Hospital, PLLC, doctors and staff harmless with regards to this evaluation and findings.

Signature: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**RELEASE OF PRE-PURCHASE FINDINGS**

Information generated from the pre-purchase examination of \_\_\_\_\_ owned  
by \_\_\_\_\_ can be shared with said owner.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Potential buyer of \_\_\_\_\_ examined on \_\_\_\_\_.