



KEITH F. BRADY, DVM
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TIFFANY M. SNELL, DVM

Purchase Exam Request Form

Today's Date: _____

Date Exam Requested: _____

Doctor Requested: _____

Purchaser Information

Purchaser: _____

Phone: _____

Email: _____

Credit Card # & Exp: _____

Billing Address: _____

City, State, Zip: _____

Agent: _____

Physical Address (where horse will be stabled)

Address: _____

City, State, Zip: _____

Animal Name _____

Age _____

Color _____

Breed _____

Sex _____

Intended Use: _____

Tests Requested:

CBC _____

Chemistry _____

Coggins _____

Drug Screen _____

Fecal Exam _____

Endoscopic Exam _____

Diag. Ultrasound _____

EPM Test _____

Lyme Titer Test _____

Seller Information

Seller: _____

Phone: _____

Billing Address: _____

City, State, Zip: _____

Agent: _____

Physical address (where horse is currently stabled)

Address: _____

City, State, Zip: _____

Radiographs Requested:

Front Feet _____

Hind Feet _____

Front Fetlocks _____

Hind Fetlocks _____

Hocks _____

Stifles _____

Carpi _____

Front Feet, Lim. Views _____

Pre-Sale Series _____

Other _____

Directions to Farm / Barn:
