



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:

\_\_\_\_\_