



veterinary
ASSOCIATES EQUINE

12 SIM ROAD, KARAKA
P.O BOX 135 DRURY, 2247
PHONE: (09) 294-7307
FAX: (09) 294-7323
EMAIL: vets@vetassociates.co.nz

BUYER'S STATEMENT (Version One)

I,(Buyer/Buyer's Agent),

request that the horse.....undergo a pre-purchase

examination for use as a.....

This is to be undertaken by

Dr(Veterinarian)

of Veterinary Associates Equine LP

The recipient of this report is deemed to be aware that if some stages of the standard procedure recommended by the New Zealand Equine Veterinary Association are not carried out, any information or opinion contained in this report is based on partial examination only. Some clinical signs of disease, injury or abnormality that may have manifested themselves in the full five stage examination may not be apparent in the restricted examination.

Where this examination and report are requested for the purpose of a business they are deemed to have been carried out upon the basis that the examining veterinarian's liability, howsoever arising, shall be no greater than a sum equivalent to 100 times the fee charged for the provision of this report. In addition, liability for consequential losses of any nature is also excluded.

This contract is governed by New Zealand law.

The Buyer/Buyer's Agent irrevocably agrees that the Courts of New Zealand will have exclusive jurisdiction to hear and determine all disputes under or in connection with this contract. The Buyer/Buyer's Agent further acknowledges that New Zealand is the forum conveniens for the hearing and determination for all disputes in connection with this contract.

Ownership of X-rays: The Buyer/Buyer's Agent acknowledges that any radio-graphs taken in the course of this examination are the property of the veterinary practice listed herein, but it is further acknowledged by the practice that copies of the radio-graphs will be supplied at the Buyer/Buyer's Agent's request and expense.

Reliance upon this report will constitute an acceptance of the limitations of liability referred to above.

In addition, the nature and extent of this report has been determined by particular request. In the circumstances the examining veterinarian disclaims any liability whatsoever to any party other than the party directly responsible for requesting and paying for the services rendered.



veterinary
ASSOCIATES EQUINE

12 SIM ROAD, KARAKA
P.O BOX 135 DRURY, 2247
PHONE: (09) 294-7307
FAX: (09) 294-7323
EMAIL: vets@vetassociates.co.nz

(a) Clinical Examination (which is carried out in five stages)

Indicate with a tick please, either:

FULL EXAMINATION

Which includes:

- Stage 1 Preliminary examination at rest
- Stage 2 During walking, trotting, turning and backing
- Stage 3 During and immediately after strenuous exercise
- Stage 4 During period after exercise
- Stage 5 During walking, trotting, turning and backing

OR

PARTIAL EXAMINATION

Which includes:

- Stage 1 Preliminary examination during rest
- Stage 2 During walking, trotting, turning and backing

The Clinical examination will be carried out substantially in accordance with the standard procedure recommended by the Equine Branch of the NZ Veterinary Association (1997).

(b) Ancillary Examinations

Indicate every box with a tick please (tick yes or no)

YES **NO**

Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Blood test for anti inflammatories	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Examination	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiography	<input type="checkbox"/>	<input type="checkbox"/>
Radiography	<input type="checkbox"/>	<input type="checkbox"/>

(please tick areas to be radiographed)

front feet ()	front fetlocks ()	knees ()
hind fetlocks ()	hocks ()	stifles ()

Other ancillary examinations (please specify)

I understand the horse's usual veterinary attendant is (Veterinarian)

..... (Practice)

Terms of payment. I understand that I will be responsible for payment for the examinations requested above. I agree that the terms of trade for services or goods supplied by Veterinary Associates Equine LP are payment in full by the 20th of the month following treatment or supply.

If the account or part thereof remains outstanding for longer than 7 days, I agree to be liable for any and all collection and legal costs associated with recovery of this account.

Please note:- The certifying veterinarian takes no responsibility for, nor warrants the accuracy of, any information provided in the owner's statement including that given relating to the non-administration of drugs, freedom from vices, existing performance or suitability for intended use.

Signature.....Buyer/Buyer's Agent)

Email:.....@.....Phone:.....

Address:.....

Date...../...../.....