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**Pre-Purchase Worksheet**

**Buyer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Buyer Address:** \_\_\_\_\_

**Buyer Phone Number:** (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Horse Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Intended use:** \_\_\_\_\_

**Currently in training:** yes / no **Discipline:** \_\_\_\_\_

**Seller Name:** \_\_\_\_\_

**Seller Phone Number:** \_\_\_\_\_

**Address where horse is currently stabled:** \_\_\_\_\_

**Procedure/Information Requests:**

**Radiographs:**

- \_\_\_\_\_ Front Feet - (4 views each foot)
- \_\_\_\_\_ Front Fetlocks – (2 or 5 views each)
- \_\_\_\_\_ Knees – (5 views each)
- \_\_\_\_\_ Hind Fetlocks – (2 or 4 views each)
- \_\_\_\_\_ Hocks – (4 views each)
- \_\_\_\_\_ Stifles – (3 views each)
- \_\_\_\_\_ Other: \_\_\_\_\_

**Laboratory:** CBC: \_\_\_\_\_ **Chemistry Panel:** \_\_\_\_\_ **Drug Screen:** \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_ **Upper Airway Endoscopic Exam**

\_\_\_\_\_ **Ultrasound Exam:** Area(s) \_\_\_\_\_

\_\_\_\_\_ **Other:** \_\_\_\_\_

**I have requested the services listed above to be performed on the said horse for the purpose of pre-purchase. By signing below, I agree to provide payment when the invoice is presented. Full payment of invoice is required before examination findings are released. Thank you for your business.**

**Signature:** \_\_\_\_\_

**Payment:** Check \_\_\_\_\_ **Credit Card:** Visa MC AMX Disc

**Credit Card:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **V-Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_