

# CANTERBURY EQUINE CLINIC LTD

## EQUINE REFERRAL CENTRE

499 Springs Road, Prebbleton. Telephone (03) 3494 791. Fax (03) 3492 137.

**Bill Bishop**  
BVSc (Dist), MACVS  
Dip Vet Med.  
Reg. Specialist in equine surgery

**Richard Turner**  
BVSc  
**Helen Bishop**

**Hamish Ranken**  
BA BVSc(Hons) MACVS  
**Caitlin Rothacker**  
BSc. DVM

**Emma Reedy**  
BVSc

**Marieke Van den Enden**  
BSc. DVM

### 1. BUYER'S STATEMENT

I, ..... (Buyer/Buyer's Agent), request that the horse .....undergo a prepurchase examination for use as a ..... This is to be undertaken by Dr ..... (Veterinarian)

#### **PLEASE NOTE:**

*I am aware that the horse is owned by a person(s) that is/are or have been a client of Canterbury Equine Clinice)*

*I have been given the option of consulting with an independent practice and/or veterinarian but decline to do so.*

*The owner(s) have waived the right to confidentiality in respect of the complete medical and/or treatment history held by or known to Canterbury Equine Clinic*

*In circumstances where Canterbury Equine Clinic has made all reasonable efforts to disclose to me all relevant information, I accept the practice cannot take any responsibility for any lack of information. I also accept they cannot take responsibility for or guarantee the accuracy or completeness of any information provided. I will not hold the practice or its employees, directors or agents liable in any way in respect of the information obtained or not obtained in respect of the horse's medical and/or treatment history where reasonable efforts have been made by Canterbury Equine Clinic in this regard.*

*Canterbury Equine Clinic is acting for me in this isolated instance and any information obtained or revealed during this examination is confidential to me and will not be disclosed by the practice to the owner(s) or any other person without my consent, which I have the free option of providing or not.*

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 radiographs 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 radiographs 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.

#### **Clinical Examination** (which is carried out in five stages)

##### **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**

Horse Name:

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**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).

**Ancillary Examinations**

Indicate with a tick please

	YES	NO
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Blood test for anti inflammatories	<input type="checkbox"/>	<input type="checkbox"/>
Radigraphy	<input type="checkbox"/>	<input type="checkbox"/>

(tick areas to be radiographed):-

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

Electrocardiography

Reproductive Examination

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.

**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.

**Account Details – These must be completed before the examination is performed**

Name of person account is to be charged to : .....

Address for account (NZ only): .....

Email address : .....

**Please note, for all examinations for buyers outside New Zealand, credit card is the only form of payment accepted, we require Credit Card details prior to this examination taking place.**

**PLEASE NOTE WE ACCEPT VISA OR MASTERCARD ONLY**

Credit Card number: ..... Exp ...../.....

Name on card : .....

Telephone number/fax number for report to be sent to: .....

Signature ..... (Buyer/Buyer's Agent) Date : .....

Horse Name: