MURPHY
EQUINE PERFORMANCE MEDICINE

(586) 945-9986
meghan@murphyequineperformance.com
murphyequineperformance.com

PRE-PURCHASE EXAMINATION

Seller Authorization & Disclosure

SELLER / AGENT

Full name

Phone

Email

Role

I am the horse's

- [ ] Owner
- [ ] Authorized agent for the owner

HORSE

Horse's name

Breed

Registration #

Age / year foaled

Sex

Color

Discipline

Location for the exam (barn, city, state)

Regular veterinarian & practice

DISCLOSURE

Medications, supplements, or joint therapies the horse is currently receiving (or has received in the last 30 days)

Relevant medical or soundness history known to you

AUTHORIZATION

- [ ] I authorize Dr. Murphy to examine the horse listed above, including diagnostics requested by the buyer

- [ ] I authorize the horse's regular veterinarian to release relevant medical records to Dr. Murphy

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that examination findings are reported to the prospective buyer.

SIGNATURE

Signature (sign or type) _____ Printed name _____ Date _____

Please return this form before the scheduled exam: meghan@murphyequineperformance.com