



Mandarin Equine Veterinary Service

3230 Loretto Road

Jacksonville, FL 32223

Telephone: 904-292-4744

Email: mandarinequine@yahoo.com

Fax: 904-292-0880

Certificate of Prepurchase Examination

Buyer: _____ **Date:** _____ **Time:** _____

Address: _____ **Weather:** _____

Phone: _____

Email: _____

Parties Present: _____

Owner: _____

Owner's Agent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Horse Name: _____

Color: _____ **Breed:** _____ **Age:** _____

Weight: _____ **Height:** _____ **Sex:** _____

Distinguishing Markings: _____ **Vices:** _____ **Body Score:** _____

Head: _____

Left Front: _____

Left Hind: _____

Right Front: _____

Right Hind: _____

Brand: _____

Other Markings: _____

Date of Last Coggins: _____

Tumors/ Surgical Scars: _____

Pertinent Medical History & Work Schedule: _____

Intended Use: _____

Clinical Examination: (WNL= Within Normal Limits, NSF= No Significant Findings, N=Normal)

Respiratory Rate: _____ (Post Exercise): _____ Resp. Rhythm: _____ Attitude: _____
Circulatory Rate: _____ (Post Exercise): _____ Pulse Rhythm: _____ Murmurs: _____
Eyes:
Ant Chamber: _____ Iris/Lens: _____ Vitreous/Retina: _____
Oral: _____ Gastro: _____ Skin: _____ Ears: _____
Temp: _____ Neurectomy: _____

Conformation/ Muscle Symmetry: _____

Musculo /Skeletal /Neurological: _____

Cranial Nerve Function: _____

Palpation of Tendons/Ligaments:

Left Front: _____
Right Front: _____
Left Hind: _____
Right Hind: _____

Palpation of Stifles:

Left: _____
Right: _____

Shoeing/Feet: _____

Locomotion: (degree of variation is graded 0-5)

Left Front: Hoof Test: _____ Flexions: _____
Right Front: Hoof Test: _____ Flexions: _____
Left Hind: Hoof Test: _____ Churchill: _____
Flexions: Hock: _____ Stifle: _____ Fetlock: _____
Right Hind: Hoof Test: _____ Churchill: _____
Flexions: Hock: _____ Stifle: _____ Fetlock: _____

Gaits:

Lunge/Ridden: _____

Circle Left: _____

Circle Right: _____

Surface available for examination: _____

General Health and Appearance: _____

Ability to Sweat: _____

Other Exams Requested (NR- Not Requested)

Radiographs: _____

Ultrasound: _____

Endoscopic: _____

EKG: _____

CBC: _____

Chemistry: _____

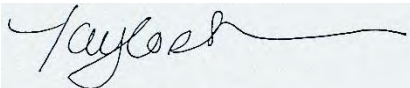
Coggins Test: _____

Drug Screen: _____

Reproductive/Rectal: _____

Remarks: _____

My evaluation does not include the horse's aptitude, ability, or temperamental suitability. These are at the Buyer's discretion. This exam implies no warranty. Any type of guarantee must be arranged between buyer and seller.



Taylor McLendon, DVM



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Report of Radiographic Findings

Doctor: Taylor McLendon, DVM

Date: _____

Name: _____

Location: _____

Client/Cosignor: _____

INTERPRETATION: Note: WNL = Within Normal Limits; NR = Not Requested

Left Front Foot: _____

Right Front Foot: _____

Left Front Fetlock: _____

Right Front Fetlock: _____

Left Carpus: _____

Right Carpus: _____

Left Hind Fetlock: _____

Right Hind Fetlock: _____

Left Tarsus: _____

Right Tarsus: _____

Left Stifle: _____

Right Stifle: _____

Additional Comments: _____

I (do) (do not) have direct financial interest in all or part of this horse.

This report and findings contained herein are solely for the addressee and may not be used or relied upon by any other person without the express written consent of _____. The interpretation of radiographs and findings may vary with the examiner, the type of examination requested, method of examination and a horse's changing condition. This is a report of the undersigned's findings, based on the type of examination requested by the addressee, on the date indicated. This report is limited to the findings contained herein and no other findings or opinions should be inferred beyond those expressly set forth herein. This report does not constitute a warranty or guarantee of any kind. This report is not intended to be all inclusive, but is meant to supply a workable format of reporting.

Read by: Taylor McLendon, DVM

Veterinarian's Signature: 