



Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service and Haul In Facility

55 Prospect Road
Elizabethtown, PA 17022
717-361-8700, 717-361-8708 fax
www.kvaequine.com
kvaequine@gmail.com

PRE-PURCHASE BUYER AGREEMENT

Please complete the form and return to Kopec Veterinary Associates before the date of the examination.

Buyer's Name: _____ Buyer's Phone Number: _____

Buyer's Email: _____ Buyer's Address: _____

Seller's Name: _____ Seller's Phone Number: _____

Seller's Address: _____

Farm Address (Horse Location): _____

Agent's Name: _____ Agent's Phone Number: _____

HORSE INFORMATION:

Registered Name: _____ Barn Name: _____

Tattoo/Brand: _____ Age: _____

Breed: _____ Sex: _____ Color: _____

Intended Use: _____

DIAGNOSTICS:

Please check all procedures requested. *Kopec Veterinary Associates, PC recommends front foot and hock radiographs on all pre-purchase examinations. All diagnostic procedures are at an additional cost above the examination fee and farm call.

Digital radiography (Select Views): Perform Decline

- | | | |
|--|---|---|
| <input type="checkbox"/> *Front feet per limb (6 views) | <input type="checkbox"/> Hind feet per limb (6 views) | <input type="checkbox"/> Front fetlock per limb (4 views) |
| <input type="checkbox"/> Hind fetlock per limb (4 views) | <input type="checkbox"/> Carpus/Knee per limb (4 views) | <input type="checkbox"/> *Tarsus/Hocks per limb (4 views) |
| <input type="checkbox"/> Stifle per limb (3 views) | | |

Additional views requested: _____

Lameness Locator®: Perform Decline

Upper Airway Endoscopy: Perform Decline

Drug Screen: Perform Decline

Complete Blood Count (CBC): Perform Decline

Serum Chemistry: Perform Decline

Serum Amyloid A (SAA): Perform Decline

Coggins Test: Perform Decline

Vaccinations: Perform Decline

Vetera Gold (6 way): Eastern, Western Encephalitis, Tetanus, West Nile, Rhino/Flu)

Rabies Rhino/Flu West Nile Virus Potomac Horse Fever Botulism

Other: _____

Fecal parasite testing: Perform Decline

Reproductive Examination: Perform Decline

Other: _____

DISCLAIMER:

It is important to remember that a pre-purchase examination can only give information about the horse's health and condition on the day of the exam. While this information is very important, it is never a complete picture. Many factors that impact a horse's health are not necessarily detectable on the day of the examination. The veterinarian cannot predict the horse's future, and no guarantees can be issued.

The role of the veterinarian in the pre-purchase examination is not to "pass" or "fail" the horse. Instead, it is to help you make an informed decision by providing information about the horse's health and soundness on the day of the examination. Ultimately, the decision to purchase this animal can only be made by the prospective buyer. Remember, the veterinarian is happy to discuss any questions the prospective buyer may have about the examination findings. Please call the office with any questions or concerns at (717)361-8700.

If the buyer wishes a warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to examination, of the animal's existing performance as a hunter, show-jumper, show horse, eventer, etc, he or she is advised to seek such warranty in writing from the seller, as these matters between buyer and seller are not the responsibility of the examining veterinarian.

Buyer/Agent Signature: _____ **Date:** _____



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Credit Card Payment Authorization Form

Payment is due in full at the time of service. Please sign and complete this form to authorize Kopec Veterinary Associates to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Kopec Veterinary Associates requires ALL out of state clients to have a credit card on file for services rendered.

Please complete the information below:

Amount: \$ _____

Your completion of this section of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be keyed into a completely secure credit card vault whereby the card information will be encrypted and tokenized. What this means to you is, our staff will no longer have visibility to your full credit card information after it is secured. When an invoice is due to be paid, we will be able to charge "the card on file" without keying in the number again.

Account Type: Visa MasterCard Discover AMEX CareCredit

Cardholder Name: _____

Account Number: _____ Exp Date: ____/____ CVV#: _____

Billing Address(If different): _____ Phone#: _____

City, State, Zip: _____ Email: _____

***Please select a payment option: (If no option is selected - Full account balance will be charged)**

ONE TIME USE ONLY

KEEP CARD ON FILE FOR FUTURE USE

AUTOMATICALLY CHARGE CARD FOR ALL SERVICES

(I understand my card may be charged for services without prior notification to me)

AUTHORIZED SIGNATURE _____ DATE _____

I authorize Kopec Veterinary Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above or to keep the credit card on file with Kopec Veterinary Associates. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

THIS FORM WILL BE DESTROYED ONCE CREDIT CARD INFORMATION IS ENTERED