



# Dr. Danielle Fritz DVM. INC.



1180 Cherry Point Road Cowichan Bay  
Phone: 250.710.9594

Date of Pre-Purchase Exam: \_\_\_\_\_

Intended Use/ Level of Horse:  
\_\_\_\_\_

Name of Horse  
\_\_\_\_\_

Buyer Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Credit Card Name/ Number/ Expiration Date:  
\_\_\_\_\_

Note: It is Dr. Danielle Fritz DVM Inc. policy to have credit card information prior to prepurchase examination date. Your credit card will be debited at the end of the day that the horse was examined unless you prefer to pay by check in person at the time of the examination. By signing this information form, you authorize such a credit card debit. If you will be sending a representative or agent instead you will be expected to pay for all financial decisions made on your behalf by the representative or agent (trainers, veterinarians, etc.)

\_\_\_\_\_  
Signature of Purchaser/Buyer Agent: