



Total: \_\_\_\_\_  
PJ: \_\_\_\_\_

KEITH F. BRADY, DVM  
JEFFREY S. BESHEAR, DVM  
TIFFANY M. SNELL, DVM  
CARLY C. COWHERD, DVM  
PAYGE B. FLEMING, DVM  
ELIZABETH GOLDSTEIN, DVM

### Purchase Exam Request Form -

Today's Date: \_\_\_\_\_  
Requested Date/Doc: \_\_\_\_\_

Credit Card#: \_\_\_\_\_  
Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

#### Purchaser Information

Purchaser: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Seller Information

Seller: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Horse Information

*Animal Name* \_\_\_\_\_  
*Age* \_\_\_\_\_  
*Color* \_\_\_\_\_  
*Breed* \_\_\_\_\_  
*Sex* \_\_\_\_\_  
*Intended Use:* \_\_\_\_\_

Has this horse been seen by ODEAP? PTT  
If yes, does the owner/seller release these records  
and images for this vetting? YES NO

**IF NO contact the vet requested for vetting.**

#### Tests Requested:

CBC \_\_\_\_\_  
Chemistry \_\_\_\_\_  
Coggins \_\_\_\_\_  
Drug Screen \_\_\_\_\_  
Fecal Exam \_\_\_\_\_  
Endoscopic Exam \_\_\_\_\_  
Diag. Ultrasound \_\_\_\_\_  
EPM Test \_\_\_\_\_  
Lyme Titer Test \_\_\_\_\_

#### Radiographs Requested:

Front Feet \_\_\_\_\_  
Hind Feet \_\_\_\_\_  
Front Fetlocks \_\_\_\_\_  
Hind Fetlocks \_\_\_\_\_  
Hocks \_\_\_\_\_  
Stilles \_\_\_\_\_  
Carpis \_\_\_\_\_  
Back/Neck \_\_\_\_\_  
Pre-Sale Series \_\_\_\_\_  
Other \_\_\_\_\_

#### Directions/ Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_