



PURCHASER INFORMATION

Contact Name

Address

Phone Number

Cell Number

Fax Number

Email

OWNER INFORMATION

Contact Name

Address

Phone Number

Cell Number

Fax Number

Email

TRAINER INFORMATION

Contact Name

Cell



Mid-Rivers Equine Centre

404 Stable Lane Wentzville, MO 63385 Phone: 636.332.5373 Fax: 636.332.5376

HORSE INFORMATION

Registered Name

Horse's Barn Name

Color

Date of Birth

Gender

Breed

Present Use

Intended Use

Purchaser, please check each procedure you would like performed:

Type of Exam

Pre-Purchase Exam **\$454.50**

Digital Radiographs*

Both Front Feet (12views) \$703.50*

Both Stifles (6 views) \$379.50

Both Knees (10 views) \$595.50*

Both Front Fetlocks (8 views) \$487.50*

Both Hocks (8 views) \$487.50*

Both Hind Fetlocks (8 views) \$487.50*

Exam & Laboratory Testing

Health Certificate (Additional charges for next day) \$32.50*

Standard Coggins Test (5-7 days) \$54.00

Complete Blood Count \$86.50

Express Coggins (3 days) \$81.00

Chemistry Profile: Outside Lab \$135.75

Drug Screen \$288.50 + Shipping

Chemistry Profile: In-House Lab STAT \$244.25

Airway Evaluation

In-Clinic Video Endoscopy \$349.25

Field Endoscopy \$378.00

Dynamic Endoscopy \$408.00

Sports Medicine Ultrasound

\$329.50 Per Area of Concern (i.e. Left Front Suspensory Tendon)

* A \$55.50x-ray set-up fee applies if radiographs are requested. Additional charges may apply if more views are needed during the exam. Each additional x-ray is \$54.00.



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Please describe any specific concerns you would like addressed in the Pre-Purchase Exam:

If you will not be present at the exam, please list the name and telephone number of your representative below.

Name

Phone

Pre-Purchase Examinations cannot be scheduled until Mid-Rivers Equine Centre has your credit card information and authorization; please call our office with that information (636.332.5373) or provide the information below. Please Note: Unanticipated services may incur additional cost.

Terms Agreement

I understand that I am responsible for payment of the above procedures and treatments at the time of service. I authorize Mid-Rives Equine Centre to charge my invoice in its entirety to the credit card provided. (check box)

I will provide a credit card. Use current credit card on file.

As the purchaser/authorized agent I authorize the Pre-Purchase Exam for the above mentioned horse.

Purchaser/Authorized Agent _____ **Date** _____

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