



PRE-PURCHASE REQUEST FORM

After completing form please email to: office@mcgregorequine.com.au

HORSE NAME:

Breed: _____ Colour: _____ Age: _____ Sex: _____

Intended Purpose:

Have you inspected/ridden the horse? YES / NO

Examinations Required: _____ Standard examination (5 stage) _____ Basic Health Check _____

Special Tests Required: _____ XRAY _____ ULTRASONOGRAPHY _____ ENDOSCOPY _____ BREEDING EXAM _____ ECG _____

Special Concerns: _____

VENDOR INFORMATION:

Name: _____

Address: _____

Email: _____

Contact Number: _____

PURCHASER INFORMATION:

Name: _____

Address: _____

Email: _____

Phone: _____

PREFERRED DATE : _____

PREFERRED TIME: _____

Payment Details:

VISA / MASTERCARD

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Name on Card: _____

Signature _____ Date / /

Bank Details : McGregor Equine

BSB 083-908 Account 13-066-6556

TOTAL \$ _____

Declaration: By signing and completing this document, I hereby authorise Jacqui McGregor from McGregor Equine Veterinary Services to perform a 5 Stage Examination or other Examination on the above named horse and authorise my credit card to be debited the amount agreed.