



## **Southern Equine Service**

James C Carter, DVM ~ Tom Stinner, DVM  
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1258 Banks Mill Rd  
Aiken, SC 29803  
(803) 644-1544  
(803) 644-1599 fax



### **Pre Purchase Information**

#### **Examination**

**\$365.00**

- Physical Exam, Neurological Exam, Lameness/soundness Exam
- New Coggins (EIA) test in buyers name and a health certificate if needed for travel (does not include international destinations or rush coggins)
- Blood is pulled and stored for 6 months should any future testing be requested

#### **Radiographs (in addition to base examination)**

- **Per view regular price**

**\$56/each**

**~or choose from one of the following packages~**

- **Level I (12 views total)**

**\$615.00**

Front feet (3 views each)

Hocks (3 views each)

- **Level II (24 views total)**

**\$1115.00**

Front feet (4 views each)

Hocks (4 views each)

Stifles (2 views each)

Front fetlocks (2 views each)

- **Level III (38 views total)**

**\$1770.00**

Front feet (4 views each)

Hocks (4 views each)

Stifles (3 views each)

Front and Hind fetlocks (4 views each)

- **Neck Series (6-7 views)**

**\$305.00**

- **Back Series (4-5 views)**

**\$225.00**

**\*\*Additional views in addition to any package at \$45.00 per view**

#### **Drug Screen Includes**

**\$415.00**

- Anti-inflammatory drugs (phenylbutzone, oxyphenbutzone, flunixin, naproxen, ketophen, meclofenic acid)
- Sedatives (long and short term- dormosedan, prolixin, promazine group and reserpine)
- Overnight shipping charges  
(results are typically available in 5 to 7 days)

**\*Additional specific tests can be requested for an additional charge\***

**\*A call fee will apply for pre purchase appointments on location\***



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### Client Information / Pre Purchase

Appointment Date \_\_\_\_\_ Attending Doctor \_\_\_\_\_

Buyer/Client Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Seller/Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Barn Address \_\_\_\_\_ City /State/Zip \_\_\_\_\_

1) Horse/Name \_\_\_\_\_ Barn Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

I hereby consent and authorize the veterinarians and staff of Southern Equine Service to perform the above pre purchase. \_\_\_\_\_

I have been provided a copy of the Pre Purchase Price list \_\_\_\_\_

I choose the following in addition to the base pre purchase exam: Level 1    Level 2    Level 3    Drug Screen    Additional Radiographs

Please forward radiography and/or reports to consulting DVM \_\_\_\_\_

I understand that unforeseen conditions may be revealed during the performance of the procedure(s) and that extended or different procedures may be necessary in addition to the procedure(s) named above. Therefore, I hereby consent to and authorize the performance of such procedure(s) that may be deemed necessary by the veterinarians of Southern Equine Service in the exercise of their professional judgment. I release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of any additional procedure(s) that may be required. \_\_\_\_\_

I understand as part of the pre purchase examination blood will be drawn for an Equine Infectious Anemia Laboratory Test (CBC Blood Chemistry, Serology and or drug screen(s) can be added for an additional fee to the base pre purchase exam package). \_\_\_\_\_

I also authorize the use of appropriate sedative/tranquilizer and/or other medications as prescribed by the attending veterinarian(s). I understand that there are risks associated with the use of any drug, and I release the veterinarian(s) and staff of Southern Equine Service from any and all liability associated with use of anesthetics or other medications. \_\_\_\_\_

I understand that any estimates provided to me may not be exact and that other expenses may be incurred in the course of treatment. I agree to be responsible for payment of any and all charges associated with treatment of the above-named animal. \_\_\_\_\_

**A credit card on file is required for all pre purchase examinations. Payment in full is required at the time of release/service unless prior arrangements are made and agreed to in writing.** \_\_\_\_\_

Method of Payment Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

I have read and understand this authorization and consent. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature