

PRE-PURCHASE & SOUNDNESS EXAMINATION

PANORAMA EQUINE MEDICAL & SURGICAL CENTER

Wallace H. Liberman, D.V.M. & Associates
10302 Old Oregon Trail - Redding, CA 96003
Telephone: (530) 221-7004 / Fax: (530) 221-0345

BUYER'S STATEMENT OF THE PURCHASE OF THIS HORSE

Buyer's Name: _____ Phone: _____

Buyer's Address: _____

City: _____ State: _____ ZIP: _____

To what use do you intend to put this horse? _____

The degree of work and hours to be used: _____

How long have you been acquainted with this animal? _____

How long have you tried this animal? _____

How many of the proposed uses have you tried? _____

Of what relative importance are the following to you?

Appearance of the horse including:

Blemishes: _____ Performance: _____

Temperament: _____ Reproductive Capability: _____

How do you rate the suitability of this horse for the intended use?

Unique: _____ Exceptional: _____

Adequate: _____ No Opinion: _____

Signature of Buyer: _____

Date: _____