



9616 Titan Road  
Littleton, CO 80125  
303-791-4747 ~ Fax: 303-791-4799  
email:wellness@coequine.com

# Pre-Purchase Exam Form

## Our Mission:

*To provide the highest quality veterinary medicine while treating our patients with compassionate care and offering people respect, integrity and understanding.*

**Please fill out the following information online, save and email to CEC, or print and sign to give to your veterinarian at time of pre-purchase exam.**

## Horse Information:

Show/Registered Name			Barn Name
Breed	Age	Sex	Color
Profession			Intended use
Barn Address			

## Seller Information:

Name: Last		First	
Street Address			
City		State	Zip
Phones: Home	Work	Cell	Barn
Email		Best way to contact you:	

## Buyer Information:

Name: Last		First	
Street Address			
City		State	Zip
Phones: Home	Work	Cell	Barn
Email		Best way to contact you:	

## Trainer Information (if applicable):

Name: Last		First	
Street Address			
City		State	Zip
Phones: Home	Work	Cell	Barn
Email		Best way to contact you:	

## Preferred Payment Method

Name on Card (if different than above)		
CC#	Exp Date	Security Code

*We accept cash, check, MC/VISA or CareCredit at the time of service.*

I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including the agency and attorney fees and court costs incurred and permitted by laws governing these transactions. A 1.5% interest per month will be charged on all unpaid balances.

I have read and understand the Colorado Equine Clinic Financial Policy.

Buyer Signature	Date
-----------------	------

Seller Signature	Date
------------------	------