

Tierklinik Dr.Stechele GbR Equopark

## Confirmation of Order of Pre-Purchase Examination

Tierklinik Dr. Stechele GbR  
Equopark  
D-86517 Wehringen, Waldstraße 31  
Tel.: 08234/96410 Fax: 08234/964117

I, \_\_\_\_\_, confirm the commission of the pre-purchase examination of the horse \_\_\_\_\_ from (Seller) \_\_\_\_\_ .

Billing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Emailaddress: \_\_\_\_\_

I agree to following examinations: (tick off as appropriate)

- |  |   |
|--|---|
| <input type="radio"/> general examination (300.00 € + 19% Taxes)         | <input type="radio"/> Blood examination: complete blood count         |
| <input type="radio"/> 18 x-rays (Guidelines 2018)(576.00 € + 19% Taxes)  | <input type="radio"/> Blood examination for export                    |
| <input type="radio"/> 10 standard x-rays (320.00 € + 19% Taxes)          | (Country: _____)  |
| <input type="radio"/> 2 x-rays of the knees (64.00 € + 19% Taxes)        | <input type="radio"/> preserve blood for 6 months (30.00 €+19% Taxes) |
| <input type="radio"/> 3 x-rays of the back (96.00 € + 19% Taxes)         | <input type="radio"/> Ultrasonography per leg (50.00 €+19% Taxes)     |
| <input type="radio"/> further desired x-rays: (each 32.00 € + 19% Taxes) | <input type="radio"/> further desired examinations:                   |

\_\_\_\_\_  
\_\_\_\_\_

I confirm that you charge my credit card with the billing amount of the pre-purchase examination and the additional 4% dues.

Credit card holder: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Security number: \_\_\_\_\_

Valid until: \_\_\_\_\_

The examining veterinarian decides on the sequence of the examinations and reserves the right to, if necessary, sedate the horse and to take off horseshoes. Furthermore, he/she decides in case of absence of the client, if the examination will be discontinued in the event of a medical finding or not. Travel expenses are added separately.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature