



# Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service and Haul In Facility

400 Stackstown Road  
Marietta, PA 17547  
717-361-8700, 717-361-8708 fax  
www.kvaequine.com  
kvaequine@gmail.com

## PRE-PURCHASE BUYER AGREEMENT

Please complete the form and return to Kopec Veterinary Associates before the date of the examination.

Buyer's Name: \_\_\_\_\_ Buyer's Phone Number: \_\_\_\_\_

Buyer's Email: \_\_\_\_\_ Buyer's Address: \_\_\_\_\_

Seller's Name: \_\_\_\_\_ Seller's Phone Number: \_\_\_\_\_

Seller's Address: \_\_\_\_\_

Farm Address (Horse Location): \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's Phone Number: \_\_\_\_\_

### HORSE INFORMATION:

Registered Name: \_\_\_\_\_ Barn Name: \_\_\_\_\_

Tattoo/Brand: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Intended Use: \_\_\_\_\_

### DIAGNOSTICS:

Please check all procedures requested. \*Kopec Veterinary Associates, PC recommends front foot and hock radiographs on all pre-purchase examinations. All diagnostic procedures are at an additional cost above the examination fee and farm call.

**Digital radiography (Select Views):**       Perform       Decline

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> *Front feet per limb (6 views)  | <input type="checkbox"/> Hind feet per limb (6 views)   | <input type="checkbox"/> Front fetlock per limb (4 views) |
| <input type="checkbox"/> Hind fetlock per limb (4 views) | <input type="checkbox"/> Carpus/Knee per limb (4 views) | <input type="checkbox"/> *Tarsus/Hocks per limb (4 views) |
| <input type="checkbox"/> Stifle per limb (3 views)       |   |   |

Additional views requested: \_\_\_\_\_

**Lameness Locator®:**       Perform       Decline

**Upper Airway Endoscopy:**       Perform       Decline

**Drug Screen:**       Perform       Decline

**Complete Blood Count (CBC):**       Perform       Decline

**Serum Chemistry:**       Perform       Decline

**Serum Amyloid A (SAA):**       Perform       Decline

**Coggins Test:**       Perform       Decline

**Vaccinations:**       Perform       Decline

Vetera Gold (6 way): Eastern, Western Encephalitis, Tetanus, West Nile, Rhino/Flu)

Rabies       Rhino/Flu       West Nile Virus       Potomac Horse Fever       Botulism

Other: \_\_\_\_\_

**Fecal parasite testing:**       Perform       Decline

**Reproductive Examination:**       Perform       Decline

**Other:** \_\_\_\_\_

**DISCLAIMER:**

It is important to remember that a pre-purchase examination can only give information about the horse's health and condition on the day of the exam. While this information is very important, it is never a complete picture. Many factors that impact a horse's health are not necessarily detectable on the day of the examination. The veterinarian cannot predict the horse's future, and no guarantees can be issued.

The role of the veterinarian in the pre-purchase examination is not to "pass" or "fail" the horse. Instead, it is to help you make an informed decision by providing information about the horse's health and soundness on the day of the examination. Ultimately, the decision to purchase this animal can only be made by the prospective buyer. Remember, the veterinarian is happy to discuss any questions the prospective buyer may have about the examination findings. Please call the office with any questions or concerns at (717)361-8700.

If the buyer wishes a warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to examination, of the animal's existing performance as a hunter, show-jumper, show horse, eventer, etc, he or she is advised to seek such warranty in writing from the seller, as these matters between buyer and seller are not the responsibility of the examining veterinarian.

**Buyer/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service and Haul In Facility

400 Stackstown Road  
Marietta, PA 17547  
717-361-8700  
www.kvaequine.com  
kvaequine@gmail.com

## Credit Card Payment Authorization Form

Payment is due in full at the time of service. Please sign and complete this form to authorize Kopec Veterinary Associates to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Kopec Veterinary Associates requires ALL out of state clients to have a credit card on file for services rendered.

Please complete the information below:

Amount: \$ \_\_\_\_\_

*\*\*Your completion of this section of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be keyed into a completely secure credit card vault whereby the card information will be encrypted and tokenized. What this means to you is, our staff will no longer have visibility to your full credit card information after it is secured. When an invoice is due to be paid, we will be able to charge "the card on file" without keying in the number again.\*\**

Account Type:  Visa  MasterCard  Discover  AMEX  CareCredit\*\*

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CVV #: \_\_\_\_\_

Billing Address(If different): \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Please select a payment option: (If no option is selected – Full account balance will be charged)**

ONE TIME USE ONLY

KEEP CARD ON FILE FOR FUTURE USE

*(Any balance over 30 days will automatically be charged to the card)*

AUTOMATICALLY CHARGE CARD FOR ALL SERVICES

*(I understand my card may be charged for services without prior notification to me)*

**\*\*CARECREDIT ONLY:** Drivers license or another form of ID is required for **CareCredit** transactions if no expiration date or CVV available.

ID Exp Date: \_\_\_\_\_ / \_\_\_\_\_ State: \_\_\_\_\_ *(Forms of ID: Drivers License, Military ID, Photo ID etc)*

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*I authorize Kopec Veterinary Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above or to keep the credit card on file with Kopec Veterinary Associates. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.*

THIS FORM WILL BE DESTROYED ONCE CREDIT CARD INFORMATION IS ENTERED