



DIERENKLINIEK DE BOSDREEF

## REQUEST FOR PRE-PURCHASE EXAMINATION

Spelonckvaart 46  
B-9180 Moerbeke-Waas  
*tel* + 32 9 346 76 18  
*fax* + 32 9 346 71 99  
*mail* : [info@bosdreef.be](mailto:info@bosdreef.be)  
*URL* : [www.bosdreef.be](http://www.bosdreef.be)

I the underlined,

Name : .....

address : .....

.....

tel.number : .....

mobile number : .....

request a pre-purchase examination of the following horse :

Name : .....

Breed, sex : .....

Date of birth : .....

Registration number : .....

Transponder number. : .....

The requesting party hereby agrees to and is fully responsible for the payment of all costs arising from the pre-purchase examination at Equine Hospital De Bosdreef, regardless of the outcome of the vetting procedure and regardless of any pre-arranged agreements between the vendor and the purchaser.

The requesting party declares to be fully aware that the pre-purchase examination report will only be drafted and made available to them once payment has been received. He or she also declares to be aware of the fact that it is strongly preferred that they are present at the time of the examination.

The passport and/or studbook papers are required to be present and accessible at the time of the pre-purchase examination.

I declare that I have read, understand and will fully comply with the above regulations,

Date,

Signature,