

EQUINE VETERINARY SERVICES

P O BOX 132

DRURY

Phone : 09 2948226

Fax : 09 2948861

Dr Kevin Miers

Phone mobile : 0274 935 336

Dr Philip Robinson

Phone mobile : 0274 935 334

Owner's or Owner's Agent's Statement

Owners Name _____

Address _____

Phone _____

Horses Name _____ Age _____

Sire _____ Colour _____

Dam _____ Sex _____

Breed _____

Agents Name _____ Phone _____

Address _____

How long have you been acquainted with this horse? _____

How long have you had this horse under your personal care? _____

Do you have any knowledge of any of the following in relation to this horses past?

1. Past or present disease? _____

colic? _____

nose bleeding? _____

2. Lameness? _____

3. Accidents? _____

4. Vices (stable or being ridden?) _____

5. Abnormalities? _____

6. Surgery? _____

7. Medications (particularly recent)? _____

8. Is the horse a headshaker? _____

9. has the horse ever suffered from Ryegrass staggers? _____

Has this horse been recently examined by another veterinarian? _____

If so for what purpose _____

Use to which you understand this horse will be put? _____

Do you have any knowledge of past performance of this horse for the proposed use? _____

Is the horse in training or spelling? _____ How long for ? _____

Who is the horse's usual veterinary attendant ? _____ (vet)

_____ (clinic)

Signature of Owner or Owner's Agent _____

Date _____

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WAIVER OF INFORMATION - TO BE SIGNED BY VENDOR(S)

**Waiver by owner(s)/owners duly authorised agent
in respect of confidential information:**

I _____ (owner/owner's duly authorised agent)

agree that Equine Veterinary Services of Karaka, Auckland New Zealand

("the practice") is authorised to obtain and disclose the complete medical and/or treatment history of

_____ [name of horse] ("the horse") held or otherwise

known by the practice to: _____ (name of potential purchaser).

I am aware I am waiving my right to confidentiality and privacy in terms of clause 6.1 of the Veterinary Code of Conduct (or equivalent in subsequent codes) and/or contract and/or common law and that the practice has no control over or responsibility for how that information is used or disclosed once disclosure has been made. I am aware that the practice is, in this isolated instance, acting on behalf of the potential purchaser of the horse and that the practice will be examining the horse at the potential purchaser's request. Any information obtained or revealed during this examination is confidential to the potential purchaser and will not be disclosed to me without the potential purchaser's consent, which may or may not be obtained, at the sole discretion of the potential purchaser. I will not hold the practice or its employees, directors or agents liable in any way in respect of the potential purchaser's decision to purchase or not to purchase the horse.

Signed by _____ (signature)

Name: _____ (print)

On _____ (date) at _____ (place)