



**In Preparation for the Up-Coming Pre-Purchase Evaluation, Please Complete this Questionnaire**

**Purchaser:**

Name:

Phone: Cell:

Address:

Phone: Other:

Address:

City:

State/Province:

Purchaser's Agent:

Phone:

**Seller/Agent:**

Name:

Phone: Cell:

Address:

Phone: Other:

Address:

City:

State/Province:

Current Trainer:

Currently Boarded At:

**Patient:**

Name:

Age:

Gender:

Breed:

Color:

Brand:

Markings:

Intended Use:

