|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING. | | | | | | | | | | | | | | | | |
| **1.** | | | **PROFESSIONAL INFORMATION** | | | | | | | | | | | | | |
| PROFESSIONAL NAME | | | | | | | | | | | EMAIL ADDRESS | | | | | |
|  | | | | | | | | | | CELL/HOME NUMBER | | | | | | |
| QUALIFICATIONS OF PROFESSIONAL | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **2.** | | | **HORSE AND OWNER INFORMATION** | | | | | | | | | | | | | |
| OWNERS NAME | | | | | | HORSE NAME | | USE | | | | SEX  GELDING:  STALLION / COLT:  MARE / FILLY:  MARE IN FOAL: | | | YEAR OF BIRTH | **CURRENT FAIR MARKET VALUE**  **$** |
| **4.** | | | **HEALTH HISTORY** | | | | | | | | | | | | | |
| ARE YOU AWARE OF ANY CURRENT OR PREVIOUS INJURY, ILLNESS, DISEASE OR MEDICAL CONDITION YES NO | | | | | | | | | | | | | | | | |
| IF YES, PLEASE PROVIDE DETAILS | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **5.** | **DETAILS TO SUPPORT CURRENT FAIR MARKET VALUE – Mandatory – Please provide DETAILED information.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | SHOW OR CLINIC RECORD ATTACHED  YES NO | | | |
| **6.** | | | | **BREEDING INFORMATION OR NOT APPLICABLE** | | | | | | | | | | | | |
| STALLIONS | | | | | CURRENT STUD FEE  $ | | NUMBER OF MARES BRED PER YEAR | | | | | | | aVERAGE SALE PRICE OF FOALS  $ | | |
| BROODMARES | | | | | nUMBER OF LIVE FOALS | | aVERAGE SALE PRICE OF FOALS  $ | | | | | | | ANY HISTORY OF BREEDING OR FOALING COMPLICATIONS YES NO  IF YES, PROVIDE VET NOTES | | |
| **7.** | | **SIGNATURE** | | | | | | | | | | | | | | | |
| **SIGNATURE OF PROFESSIONAL** (Authorized for this purpose)  **X** | | | | | | | | | **DATE** | | | | | | | | |