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|  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 |
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| **5.**  | **DETAILS TO SUPPORT CURRENT FAIR MARKET VALUE – Mandatory – Please provide DETAILED information.** |
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|  | 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**  |