

RUIDOSO HORSE SALE COMPANY
2011 RUIDOSO NEW MEXICO-BRED YEARLING SALE

QH ___ \$450 ___ *\$525 ___ TB ___ \$450 ___ *\$525 ___ Select TB ___ \$550 ___ *\$625 ___

*If paid after deadline or from proceeds, a \$75 late fee is added.

ENTRY/WITHDRAWAL DEADLINE: April 15

Sale Dates: QH – August 19 TB – August 20

Location: Ruidoso Horse Sale Pavilion Ruidoso Downs, NM

CONTACT US: Phone: 575-378-4474 FAX: 575-378-4788 Website: www.ruidososelectyearlingsale.com

Emails: dreed@raceruidoso.com or cfinder@raceruidoso.com

If fees are to be withheld from proceeds, the original Registration Papers must accompany entry or the entry is unacceptable.

ELIGIBILITY: ALL CONSIGNMENTS MUST BE REGISTERED NM BRED WITH THE NM HORSE BREEDER'S STAMP ON THE PAPERS AT TIME OF CONSIGNMENT

DUE AT TIME OF ENTRY:

1. Properly completed and signed **Consignment Form**
2. Original **Parentage-Verified Registration Certificate**
3. Completed **AQHA Transfer Report** for all Quarter Horses

DUE PRIOR TO SALE(see P#2, Para. #6 for deadlines)

- Original **Health Certificate** dated no earlier than **10 days** prior to Sale
- Original **Coggins** dated no earlier than **February 15**
- Original **Registration Cert.** due in office by **August 1.**

WITHDRAWALS: consignor must notify the Sales Office **in writing** of all withdrawals. No fee is due if withdrawn prior to the April 15 deadline. If withdrawn after this deadline because the animal has become unfit for sale, a maximum refund of \$200 will be considered if a Veterinarian's letter of explanation accompanies the withdrawal notification. **No refunds for any reason will be approved after the animal has been catalogued. (See paragraph #2 of Consignor Contract for details.)**

CONIGNED BY: _____
(complete this line EXACTLY as you wish it to appear on the first line of the catalog.)

MAILING ADDRESS: _____ / _____ / _____
Street City State Zip

PHONE: _____ / _____ / _____
Business Cell FAX EMail

HORSE NAME: _____ **Reg. #** _____ Quarter Horse Thoroughbred
 name/registration still pending – include copy of Regis. Applic. Embryo Trans. Select TB

Date Foaled: _____ Stallion Gelding Filly Color _____

Sire _____ QH TB Dam _____ QH TB

Dam's Sire _____ QH TB 2nd Dam _____ QH TB

ENGAGEMENTS: Triple Crown B of A Challenge Lineage Other: _____

IMPAIRMENTS: Check If: Cribber Cryptorchid Sight Impaired Bleeder Wind Sucker Wobbler
(It is the responsibility of the Consignor to disclose any other impairments, unsound conditions, or invasive surgery(s) applicable to this animal. See Consignor's Contract paragraph #9, Item #I for details.)

Registered Owner(s) _____ / _____

Mailing Address: _____ / _____ / _____
Street/POB City State Zip

PHONE # _____ / _____ / _____
Residence Cell FAX Email

NET PROCEEDS PAYABLE TO: proceeds will be disbursed as specified below. If multiple checks are to be issued, indicate the % to be paid to each recipient.

This section must be completed or funds will be withheld.

NAME _____ % _____

ADDRESS _____

NAME _____ % _____

ADDRESS _____

Owner Signature: _____
(Sign here if proceeds go to other than Registered Owner.)

AGENT AUTHORIZATION: I _____

hereby authorize: _____

to act as my agent, with authority on my behalf to do all acts and handle all matters deemed necessary, appropriate, or incidental by him/her to the sale of any animal owned by me and offered for sale at the Sale, including, but not limited to the *Conditions of Sale* appearing on the *Consignor's Contract* on the reverse side of this form.

Agent's Address: _____

Phone _____ Mobile _____

Email _____ FAX _____

Owner's Signature _____

FOR OFFICE USE ONLY: Fees Rec'd : _____ Check # _____ Dt: _____ Fees Not Paid: Fees Due: \$525 _____ \$625 _____

FEES TO BE PAID FROM PROCEEDS OF: _____

DOCUMENTS REC'D: Reg. Cert. _____ Copy _____ Transfer _____ Coggins _____ Copy _____ Health _____ Copy _____ Reg. Application: _____

Please sign reverse side to validate this entry.

(Additional copies to be reproduced by consignor)W: 2-20-11

