

RUIDOSO HORSE SALE COMPANY

2010 RUIDOSO NEW MEXICO-BRED QH/TB YEARLING SALE

Dates: August 20 & 21 Location: Ruidoso Horse Sale Pavilion Ruidoso Downs, NM

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

Emails: DReed@raceruidoso.com CFenter@raceruidoso.com

ENTRY/WITHDRAWAL DEADLINE: April 15

Consignment Fee: \$450 due at time of entry; \$500 if paid after deadline or from proceeds.

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

RUIDOSO HORSE SALE CO. **OFFERS A \$10,000 BONUS!!** TO THE WINNERS of the Mountain Top Futurity & the Mountain Top QH Futurity **IF THE WINNER IS A GRADUATE OF THIS SALE!!**

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, 2010;
Original Piroplasmosis test dated no earlier than June 1, 2010;
Original Registration Cert. due in office by July 30, 2010.

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 No fee is due if withdrawn prior to the April 15 deadline. If withdrawn after this deadline because the animal has become unfit for sale, a partial refund will be considered if a Veterinarian's letter of explanation accompanies the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.**

CONSIGNED 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: _____ / _____ / _____ / _____
Residence Cell FAX EMail

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

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) _____ / _____

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: Date Rec'd: _____ FEES DUE \$ _____ +late fee \$50 Total:\$ _____

FEES TO BE PAID FROM PROCEEDS OF _____ FEES PAID \$ _____ CK # _____ BY _____

DOCUMENTS: REG.CERT. _____ COPY _____ TRANSFER _____ COGGINS _____ COPY _____ HEALTH _____ COPY _____

REG. APPLICATION _____ OTHER _____