

*Consignment Form*  
**2009 RUIDOSO NEW MEXICO-BRED  
 THOROUGHBRED YEARLING SALE**

Phone: 575-378-4474 FAX: 575-378-4788 Website: www.ruidososelectyearlingsale.com Email: DReed@RaceRuidoso.com

To Be Held: July 24 & 25 at the **Ruidoso Horse Sale Pavilion**, Ruidoso Downs, NM

**ENTRY/WITHDRAWAL DEADLINE: April 15, 2009**

**Consignment Fee: \$450** 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 the entry or it will not be accepted.*

**DUE AT TIME OF ENTRY:**

Properly completed and signed **Consignment Form**.  
 Original Jockey Club **Certificate Of Foal Registration**.  
 Copy of **Registration Application** if registration pending.

**TO ACCOMPANY HORSE TO SALE:**

Original **Health Certificate** dated no earlier than ten days prior to Sale  
 Original negative **Coggins Test** dated no earlier than six months from Sale date (send copy prior to sale if available)

**TO BE ELIGIBLE FOR THIS SALE, ALL ENTRIES MUST BE "ACCREDITED NEW MEXICO BRED".  
 REGISTRATION PAPERS MUST BE STAMPED WITH THE NMBRED REGISTRATION NUMBER  
 BY THE NEW MEXICO HORSE BREEDER'S ASSN. PRIOR TO ENTRY OR THE ENTRY IS INVALID.**

ALL ENTRIES PASSING THROUGH THE SALE RING ARE ELIGIBLE FOR *NOMINATION* TO THE 2010 NEW MEXICO BRED TB SALE FUTURITY!!  
 (Nomination Forms are available from our website or by calling the Nominations Secretary at 575-378-4431.)

**CONSIGNED BY:** \_\_\_\_\_  
 (complete this line EXACTLY as you wish it to appear on the first line of the catalog.)

**ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street City State Zip

**PHONE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Residence Business Mobile FAX Email

**HORSE NAME:** \_\_\_\_\_ Registration # \_\_\_\_\_

Date Foaled: \_\_\_\_\_  Stallion  Gelding  Filly Color \_\_\_\_\_ NMHB Registry # \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Dam's Sire \_\_\_\_\_

**ENGAGEMENTS:**  Lineage  NM Classic Fut  Zia Fut  Other \_\_\_\_\_

**IMPAIRMENTS:** Check If:  Cribber  Cryptorchid  Sight Impaired  Bleeder  Winducker  Wobbler

**Registered Owner(s)** \_\_\_\_\_ / \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street/POB City State Zip

**PHONE #** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Residence Business Mobile FAX EMail

**NET PROCEEDS PAYABLE TO:** proceeds will be distributed as specified here. If more than one check is requested, indicate % to each payee. Net proceeds will be paid to Registered Owner unless the owner signs below relinquishing the funds to another.

NAME \_\_\_\_\_ % \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ % \_\_\_\_\_

ADDRESS \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
DATE REC'D _____	DATE LOGGED: _____	DATE IN COMPUTER: _____	BY _____
DOCUMENTS REC'D: REG. CERT. _____	COPY _____	REG. APPLIC. _____	COGGINS _____ Dated _____
HEALTH _____ Dated _____			
FEES: PAID \$ _____		CK. # _____	or _____
TO BE HELD FROM THE PROCEEDS OF: _____			
UNPAID _____		ADD \$50.00 _____	OTHER LATE FEE \$ _____ for _____