

Entry Fee - \$420.00 (hst included)

BROODMARES

Minimum Commission - \$150 (per horse)

Stallion Service Certificate must be submitted one week prior to the date of sale if mare is bred and in foal. IMPORTANT: For years in which mare had no produce, please indicate SPECIFICALLY whether barren, not bred, slipped, slipped twins, or foal died.

DATE: _____, 2011 SIGNED: _____
 OWNER AUTHORIZED AGENT

CONSIGNORS -- PLEASE BE FAMILIAR WITH CONDITIONS OF SALE, AND, IN PARTICULAR, CONDITIONS EIGHTH, NINTH, AND TENTH WITH RESPECT TO CRIBBERS, RIDGELINGS, TWINS, IMPAIRED VISION, WIND DEFECTS, BLEEDERS, HORSES NERVED, ON STEWARDS' LIST OR VETERINARIAN'S LIST, ETC. **CONSIGNORS WILL BE LIABLE** for any of the aforementioned disclosures or any others not declared to the **CTHS office in time for announcements to be made prior to your horse going through the sale ring.**

****IT IS YOUR RESPONSIBILITY TO MAKE THE OFFICE AWARE OF ANY OBLIGATORY ANNOUNCEMENTS****

#1	Name:		In Foal <input type="checkbox"/> Slipped Twins <input type="checkbox"/> Barren <input type="checkbox"/> Not Bred <input type="checkbox"/> Slipped: <input type="checkbox"/> Maiden <input type="checkbox"/> Foal Died <input type="checkbox"/> Bred to: _____	This Year's Produce		
	Colour: _____ Year Foaled: _____			Date Foaled: _____		
	Sire: _____			Colour: _____	Sex: _____	
	Dam: _____			Sire: _____		
	Dam's Sire: _____			Last Year's Produce		
	Last Service Date: _____			Date Foaled: _____		
	<input type="checkbox"/> Cribber <input type="checkbox"/> Other (state): _____			Colour: _____	Sex: _____	
				Sire: _____		

#2	Name:		In Foal <input type="checkbox"/> Slipped Twins <input type="checkbox"/> Barren <input type="checkbox"/> Not Bred <input type="checkbox"/> Slipped: <input type="checkbox"/> Maiden <input type="checkbox"/> Foal Died <input type="checkbox"/> Bred to: _____	This Year's Produce		
	Colour: _____ Year Foaled: _____			Date Foaled: _____		
	Sire: _____			Colour: _____	Sex: _____	
	Dam: _____			Sire: _____		
	Dam's Sire: _____			Last Year's Produce		
	Last Service Date: _____			Date Foaled: _____		
	<input type="checkbox"/> Cribber <input type="checkbox"/> Other (state): _____			Colour: _____	Dam's Sire: _____	
				Sire: _____		

#3	Name:		In Foal <input type="checkbox"/> Slipped Twins <input type="checkbox"/> Barren <input type="checkbox"/> Not Bred <input type="checkbox"/> Slipped: <input type="checkbox"/> Maiden <input type="checkbox"/> Foal Died <input type="checkbox"/> Bred to: _____	This Year's Produce		
	Colour: _____ Year Foaled: _____			Date Foaled: _____		
	Sire: _____			Colour: _____	Sex: _____	
	Dam: _____			Sire: _____		
	Dam's Sire: _____			Last Year's Produce		
	Last Service Date: _____			Date Foaled: _____		
	<input type="checkbox"/> Cribber <input type="checkbox"/> Other (state): _____			Colour: _____	Sex: _____	
				Sire: _____		

#4	Name:		In Foal <input type="checkbox"/> Slipped Twins <input type="checkbox"/> Barren <input type="checkbox"/> Not Bred <input type="checkbox"/> Slipped: <input type="checkbox"/> Maiden <input type="checkbox"/> Foal Died <input type="checkbox"/> Bred to: _____	This Year's Produce		
	Colour: _____ Year Foaled: _____			Date Foaled: _____		
	Sire: _____			Colour: _____	Sex: _____	
	Dam: _____			Sire: _____		
	Dam's Sire: _____			Last Year's Produce		
	Last Service Date: _____			Date Foaled: _____		
	<input type="checkbox"/> Cribber <input type="checkbox"/> Other (state): _____			Colour: _____	Sex: _____	
				Sire: _____		

