



AuctionWare, LLC  
Triangle Sales Office  
43207 Benson Park Road  
Shawnee, OK 74801  
Phone 405-275-2196 • 405-273-2818 • Fax 405-273-8959  
office@trihorse.com

## OFFICIAL VETERINARY STATEMENT

VETERINARIAN PRINTED NAME: \_\_\_\_\_

LICENSE #/State: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

SALE HORSE NAME: \_\_\_\_\_

SALE ENTERED (i.e. Triangle Fall Sale): \_\_\_\_\_ LOT #: \_\_\_\_\_

The above reference horse was personally examined by me on \_\_\_\_\_ (date),  
and determined to be medically unfit for this sale due to the following reason(s):

LAMENESS:

Explain \_\_\_\_\_

\_\_\_\_\_

INFECTION:

Explain \_\_\_\_\_

\_\_\_\_\_

OTHER

Explain \_\_\_\_\_

\_\_\_\_\_

Are you the usual veterinarian for this horse?  YES  NO

I hereby guarantee that this information is correct in my professional opinion.

\_\_\_\_\_  
Signature Of Veterinarian

\_\_\_\_\_  
Date

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