



AuctionWare, LLC
Triangle Sales Office
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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

082320