



AuctionWare, LLC - Triangle Sales Office
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VETERINARY HEALTH EVALUATION FOR LIMITED WARRANTIES & RADIOGRAPHS

VETERINARIAN PRINTED NAME: _____

LICENSE #/State: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

OWNER'S NAME: _____

SALE HORSE NAME: _____

SALE ENTERED (i.e. Triangle Fall Sale): _____ HIP #: _____

The above reference horse was personally examined by me on _____ (date).

The following findings are noted...*Check All That Apply:*

- | | |
|--|--|
| <input type="checkbox"/> NOT Sound For Performance | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> NOT Sound For Breeding | <input type="checkbox"/> Tail Medically Altered |
| <input type="checkbox"/> Vision Impaired/Eye Discoloration | <input type="checkbox"/> Surgery-Joint, Abdominal, Other |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Hoof Damage/Shoe Pads |
| <input type="checkbox"/> Overbite/Underbite | <input type="checkbox"/> Obvious Blemishes |
| <input type="checkbox"/> Cribber/Weaver | |
| <input type="checkbox"/> Other-explain | |

Explain Any Checked Boxes

Radiographs (Acceptable – A, Manageable – M, Guarded – G)

Explain Any Manageable or Guarded Results

Are you the usual veterinarian for this horse? YES NO

I hereby guarantee that this information is correct in my professional opinion. NOTE: THE AAEP REPRESENTATIVE FOR TRIANGLE SALES WILL CONTACT YOU TO CONFIRM THE LEGITIMACY OF THIS CLAIM.

Signature Of Veterinarian

Date