RACING PROSPECT QUESTIONNAIRE
All questions should be answered truthfully and to the best of your knowledge.

Sire: Dam: Date of birth: Sex: Color: MANDOUNCEMENT MUST BE MADE AT TIME OF SALE If yes to any of following questions, please provide certificate with the return of this questionnaire. If yes to any of following questions, please provide certificate with the return of this questionnaire. Is this horse a wobbler? No St this horse officially designated as a "bleeder" at a licensed Racecourse or racing jurisdiction? Yes No No St this horse currently on the Starter's, Steward's or Veterinarian's list at a licensed racecourse or racing jurisdiction? If yes, please circle which one. Yes No No Does this horse have any deviation from the norm in one or more eyes? Yes No If yes, which eye and what is the deviation? Yes No If yes, please give date and name of vet. Has this horse bean nerved? Yes No If yes, please give date, name of vet, and type of surgery. Yes No If yes, please give date, name of vet, and type of surgery. Has this horse had any abdominal surgeries in the last two years? Yes No If yes, please give date, name of vet, and type of surgery. Yes No If yes, please give date, name of vet, and type of surgery. Yes No If yes, please give date, name of vet, and type of surgery. Obes this horse have any injury to or disease of the bone structure which, in the opinion of a veterinarian, would adversely affect its suitability for training and racing? Yes No Radiographs may be placed in the repository in lieu of a veterinary certificate regarding this question. CONSIGNOR INFORMATION Yes No	Sale: _			Consignor:			#
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