




**CONSIGNMENT FORM & CONTRACTUAL AGREEMENT**

**SALE DATE:** Friday, October 1 and Saturday, October 2, 2021

**ENTRY DEADLINE:** August 16, 2021

|   |  |
|---|--|
| <b>Consignment Fees:</b>  | <b>Cattle Charge:</b>                            |
| <input type="checkbox"/> Friday . . . . \$175   | <input type="checkbox"/> \$50 Cutting Cattle Fee |
| <input type="checkbox"/> Saturday . . . \$275   | <input type="checkbox"/> \$50 Roping Cattle Fee  |
| <b>Pony Session</b> <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |  |
| <b>All Sales: 8% Commission • No Pass Out Fee</b>                                     |  |

Complete one form for each animal consigned, sign and date.  
**Entries without a signature WILL NOT BE ACCEPTED.**  
 Photo copies of this consignment form will be accepted for additional horses.

 **Horse's original registration papers MUST accompany this consignment form.**  
*If horse is not yet registered, a copy of the horse's registration application **MUST** accompany this consignment form.*

**PHOTOS must be taken** against an acceptable background. Pictures taken tied to a walker, trailer or wall **will not be accepted.** This requirement is intended to ensure that we can show your horse to best advantage for optimum marketability.

**HORSE NAME** \_\_\_\_\_

REG # \_\_\_\_\_

YEAR FOALED \_\_\_\_\_ COLOR \_\_\_\_\_

|  |                   |
|--|-------------------|
| <input type="checkbox"/> <b>MARE</b>     | <b>SIRE</b> _____ |
| <input type="checkbox"/> <b>STALLION</b> | REG # _____       |
| <input type="checkbox"/> <b>GELDING</b>  | <b>DAM</b> _____  |
|  | REG # _____       |

It is the Consignor's responsibility to disclose ANY impairments, unsound conditions, or invasive surgery(s) applicable to this animal.

*Check any that apply to the sale horse:*

|                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Cribber     | <input type="checkbox"/> Cryptorchid   |
| <input type="checkbox"/> Overbite    | <input type="checkbox"/> Slight Defect |
| <input type="checkbox"/> Other _____ |  |

Engagements and/or eligibilities: \_\_\_\_\_

|                             |  |                |
|-----------------------------|--|----------------|
| <b>BREEDING INFORMATION</b> | <input type="checkbox"/> BRED TO _____                       | LBD _____      |
| FOAL AT SIDE IS             | <input type="checkbox"/> COLT <input type="checkbox"/> FILLY | Sired BY _____ |
|                             |  | DOB _____      |

**PONY ENTRIES:** A limited number of ponies will be taken each day. The entries will be screened. Each pony entry must be accompanied by a photo and video to be considered for the sale. Due to the high number of ponies being entered we want to insure we are offering the high-quality buyers have come to expect from this sale.

**Please see the other side of this form for the Contractual Agreement and additional space for catalog notes.**

|  |   |  |
|--|---|--|
| <b>Consigned by:</b><br><i>Please check one.</i> | <b>Due at time of entry:</b>  | <b>Due at time of sale:</b>  |
| <input type="checkbox"/> OWNER                   | <input type="checkbox"/> Completed and Signed Consignment Form                      | Originals (not photo copies)   |
| <input type="checkbox"/> TRAINER                 | <input type="checkbox"/> Original AQHA Papers. Any licence that apply.              | <input type="checkbox"/> A licensed veterinarian's HEALTH CERTIFICATE dated no earlier than 20 days prior to the Sale. |
| <input type="checkbox"/> AGENT                   | <input type="checkbox"/> Completed and properly signed AQHA or APHA Transfer Report | <input type="checkbox"/> A current negative COGGINS TEST dated no earlier than six (6) months prior to the Sale.       |

**LOCATION OF SALE:** Heart of Oklahoma Expo Center • 1700 West Independence • Shawnee, OK 74802

Proceeds go to: \_\_\_\_\_

Consignor's Name \_\_\_\_\_  
*if different than registered owner, the name you want to appear in the catalog*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact:** Jennifer Anderson • 405-401-4759 • Fax 940-382-4404 • e-mail: jennifer@shawneehorsesales.com

 **MAIL ENTRIES TO:** Jennifer Anderson • 951 Berend Road • Pilot Point, TX 76258

