

DISCLOSURE FORM

Horse's Name _____ Reg. # _____

Foaling date ___ / ___ / ___ Color _____ Sex _____

Name of Consignor _____ Agent Owner

Current Owner _____

Signature _____ Date ___ / ___ / ___

Is this horse or has this horse ever been:

Cribber: Yes No
Weaver: Yes No
Nerved: Yes No
Foundered: Yes No
Parrot Mouth: Yes No
Monkey Mouth: Yes No

STALLIONS OR STALLION PROSPECTS ONLY

Is this horse or has this horse ever been:

Cryptorchid: Yes No
Monorchid: Yes No
Ridgling: Yes No

PLEASE CHECK STALLIONS for these conditions before completing this form.

Has this horse ever had major surgery or serious illness? Yes No

If yes, explain: _____

Does this horse have a lameness, or a history of lameness? Yes No

If yes, explain: _____

Note other defects, abnormalities or blemishes: _____

BROODMARES: Most recent date mare was checked in foal: _____

**IMPORTANT NOTICE:
CHECK BROODMARES FOR PREGNANCY BEFORE SENDING ENTRY**

RETURN WITH YOUR CONSIGNMENT FORM TO:

NATIONAL REINING HORSE ASSOCIATION