



CONSIGNER INFO	
Consigner Name (first, middle, last or company) _____	
Address _____	
City _____	State _____ Zip _____
Consigner Phone # _____	Email Address _____
Fitted By (first, middle, last or company) _____	
Fitted By (city & state) _____	FMI Phone # _____ Ok to Call? <input type="checkbox"/>

HORSE INFO		One horse per sheet		*please include copy of registration papers with consignment form	
Name _____		Teams With _____			
Breed _____		*Registered <input type="checkbox"/>		Grade <input type="checkbox"/>	
Foal Date _____		Age _____		Approx Height _____	
Color _____		Star <input type="checkbox"/>	Strip <input type="checkbox"/>	Snip <input type="checkbox"/>	Blaze <input type="checkbox"/>
		Socks <input type="checkbox"/>			
Check All That Apply			Sale Preferences		
Stallion <input type="checkbox"/>	Drives <input type="checkbox"/>	Drive Double <input type="checkbox"/>	If Draft Cross, Sell Which Day?		
Gelding <input type="checkbox"/>	Rides <input type="checkbox"/>	Drive Single <input type="checkbox"/>	Friday With Drafts <input type="checkbox"/>	Saturday With Riders <input type="checkbox"/>	
Mare <input type="checkbox"/>	Traffic Safe <input type="checkbox"/>	Drive Either Side <input type="checkbox"/>	Which Part of The Day Would You Like To Sell?		
Bred <input type="checkbox"/>	Some Farm Machinery <input type="checkbox"/>		1st Quarter <input type="checkbox"/>	2nd Quarter <input type="checkbox"/>	3rd Quarter <input type="checkbox"/>
Open <input type="checkbox"/>	All Farm Machinery <input type="checkbox"/>		4th Quarter <input type="checkbox"/>		
Comments _____					

Pen With _____

Select Which Days You Need Box Stall (\$25 per stall, per day) Wednesday Thursday Friday Saturday

Note: All expenses will be deducted directly from the seller's check. Please do not send any payments prior to the sale.

Office Use Only

Source Code	Internal Code	Photos	Payment Recieved
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