

PAGE 1.
SALE AND PURCHASE OF HORSE CONTRACT

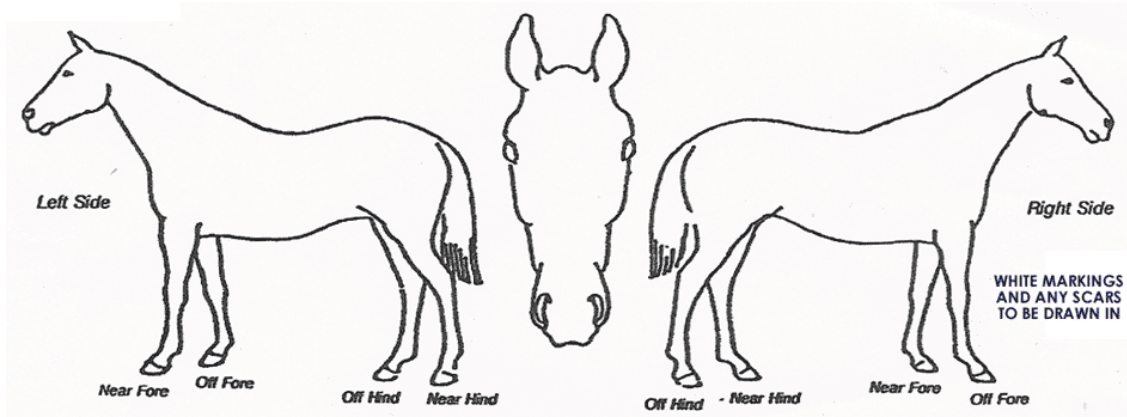
IDENTIFICATION

HORSE'S NAME _____

SIRE _____ DAM _____

COLOUR _____ BREED OR TYPE _____

SEX _____ AGE _____ HEIGHT _____



MARKINGS

Head and Neck _____

Limbs L.F. _____ R.F. _____

 L.H. _____ R.H. _____

Body _____

Brands: Left Shoulder _____ Right Shoulder _____

Acquired Marks _____

PAGE 2.
OWNER/AGENT STATEMENT

DO YOU HAVE FULL OWNERSHIP OF THIS HORSE AND THE RIGHT TO SELL IT?

HOW LONG HAVE YOU OWNED/ BEEN ACQUAINTED WITH THIS HORSE?

OUTLINE OF HORSE'S HISTORY AND PERFORMANCE OR BREEDING RECORD INCLUDING
KNOWN HISTORY WITH PREVIOUS OWNER/S.

FOR WHAT PURPOSE HAVE YOU USED THIS HORSE?

WHAT LEVEL OF RIDING/HANDLING WOULD YOU SUGGEST THIS HORSE REQUIRES?
(Beginner, knowledgeable, Very experienced)

TO YOUR KNOWLEDGE HAS THIS HORSE EVER SUFFERED FROM A MAJOR ILLNESS, OR
BEEN ON MEDICATION (INCLUDING HERBAL)
IF SO PLEASE DESCRIBE.

HAS THIS HORSE EVER SUFFERED FROM FRACTURE, LAMENESS, TENDON OR LIGAMENT
INJURY, ACCIDENT, ILLNESS OR DISEASE (INCLUDING VIRUS) OR UNDERGONE ANY
SURGERY INCLUDING CASTRATION. IF SO PLEASE DESCRIBE.

HAS THIS HORSE EVER SUFFERED FROM ANY FORM OF COLIC OR OTHER INTESTINAL OR
DIGESTIVE DISORDER, CHOKING OR RESPIRATORY DISEASE? IF SO PLEASE DESCRIBE
AND OUTLINE TREATMENT.

PAGE 3.

HAS THIS HORSE EVER SUFFERED FROM MELANOMAS, SARCOIDS, WARTS OR ANY OTHER TYPE OF GROWTH?

OUTLINE ANY VACCINATIONS GIVEN WHILE UNDER YOUR CARE.

DENTAL HISTORY

DURING THE PAST 12 MONTHS HAS THIS HORSE RECEIVED ATTENTION FROM A PHYSIOTHERAPIST, CHIROPRACTOR, ACUPUNCTURIST, HOMEOPATH OR OTHER NATURAL THERAPIST? IF SO PLEASE DESCRIBE

DOES THIS HORSE HAVE A GOOD APPETITE? ARE THERE ANY KNOWN FOODS TO AVOID DUE TO ALLERGY OR OTHER REACTION? (Please include any special requirements)

TO THE BEST OF YOUR KNOWLEDGE IS THIS HORSE AT PRESENT NORMAL IN CONFORMATION, EYES, HEART, WIND AND ACTION AND IN GOOD HEALTH?

DOES THIS HORSE HAVE ANY VICIES? (Eg weaving, wind sucking, crib biting, cold backed, pulling back, bucking, rearing, bolting, shying, biting, kicking, particular fears etc) IF SO HOW DO YOU MANAGE THIS PROBLEM?

IS THIS HORSE GOOD TO LOAD AND TRAVEL ON A FLOAT, AND/OR TRUCK?

IS THIS HORSE RELAXED WHILE HAVING LEGS HANDLED, FEET TRIMMED OR BEING SHOD? ARE THERE ANY SPECIAL INSTRUCTIONS REGARDING THE FEET AND SHOEING?

PAGE 4.

ARE THERE ANY SPECIAL INSTRUCTIONS REGARDING TACKING UP THIS HORSE? CAN THIS HORSE BE MOUNTED BY PUTTING WEIGHT INTO THE STIRRUP AND SWINGING ON?

ARE THERE ANY OTHER SPECIFIC INSTRUCTIONS THAT A NEW OWNER SHOULD KNOW ABOUT THIS PARTICULAR HORSE?

FROM THE INFORMATION GIVEN TO YOU, DO YOU BELIEVE THE PROSPECTIVE OWNER OF THIS HORSE TO BE SUITABLE KNOWING THE HORSE AS YOU DO?

In signing this agreement I endorse all of the above and hereby claim that this horse is presently free from all drugs and other calming substances, including herbal.

VENDOR (OWNER OR AGENT)

NAME _____

ADDRESS _____

PHONE (Home) _____ Business _____

Mobile _____

AMOUNT PAID (\$NZ) _____

SIGNED _____ WITNESS _____

DATE _____

PAGE 5

PURCHASER'S STATEMENT

THE PURPOSE I INTEND USING THIS HORSE FOR IS ?

I RATE MY ABILITY TO RIDE/HANDLE HORSES IN GENERAL AS?
(Beginner, knowledgeable, very experienced)

I INTEND GAINING A VETERINARIANS'S CERTIFICATE? (Yes/No)

INCLUDING X RAYS? (Yes/No) INCLUDING BLOOD TESTS? (Yes/No)

FROM THE INFORMATION SUPPLIED OR SHOWN TO ME BY THE VENDOR/AGENT OF THIS
HORSE I BELIEVE I HAVE THE HANDLING /RIDING SKILLS SUITED TO A HORSE OF THIS
TYPE?

I UNDERTAKE TO CARE FOR THIS HORSE WITH ATTENTION TO PROPER NUTRITION,
EXERCISE, DENTAL AND HOOF CARE WHILE IN MY OWNERSHIP.

PURCHASER / AGENT

NAME _____

ADDRESS _____

PHONE Home _____ Business _____

Fax _____ Mobile _____

AMOUNT PAID (\$NZ GST Inclusive) _____

SIGNED _____ WITNESS _____

DATE _____