



Equine Online Auction, LLC

HEALTH AND WELLNESS GUARANTEE

The statements below are guaranteed by the consignor to be true and honest to the best knowledge of the consignor.

Buyers have the right to have a veterinarian verify the below information and conduct a PPE, this exam will be at Buyers expense and has to be done before the close of the auction .

Horse Name: Mailbu

	YES	NO		YES	NO
Sound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has Neurological Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sound for Breeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Both testicles	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Navicular Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clear Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cribber	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Obvious Blemish (Minor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weaver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scars/Bumps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Over Bite/Under Bite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please note any abnormalities and or special care requirements below:

By signing, I acknowledge that everything in this health and Wellness Form is true and honest to the best of my knowledge..

Bo Brasher
Bo Brasher (Dec 11, 2025 09:41:12 CST)
Consignor's Signature

12/11/2025
Date