



# 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: Princess

|                      | 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Previous Surgery          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Both testicles       | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/> | <input checked="" 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..

Thea park  
Thea park (Jun 19, 2026 09:45:10 MDT)

Consignor's Signature

6-19

Date