Wild Rose Draft Horse Association

ANNUAL SALE ENTRY FORM

For more information contact:
Barb Stephenson
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403-933-5765

CONSIGNOR INFORMATION

Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

HORSE INFORMATION

Name: _____

Breed: _____ Registration #: _____

DOB: _____ Sex: Mare Gelding Stallion (please circle)

Colour: _____ Markings/Brands _____

Coggins: _____ Broke: _____

Preg Checked: _____

If yes, in foal to which Stallion: _____

Sire: _____ Dam: _____

Grandsire: _____ Grandsire: _____

Granddam: _____ Granddam: _____

Other Information: (ie. driving position, experience, sells with foal at side, etc.)

_____

_____

_____