

Lot Number;

VENDOR WARRANTY FORM

VICES to be DECLARED		Medical or Surgical Conditions		
(Please Circle Crib Biting Headshaker Cold Back Weaving Box Walking Lip Slapping Wind Sucking	YES / NO YES / NO YES / NO YES / NO	(please circle if YES or Note Allergies (eg: Skin/Grass/Hay) C.O.P.D Wobbler Shivers Denerved Any Operations for Wind Is animal on any Drugs/medication Line/Pin Fired Have Sarcoids Had Sarcoids removed. Parrot Mouth Sweet itch	YES / NO	
Any other remarks that should be noted but not listed				
Nervous to Mount/Ride YES / NO				
Quite to;	ide Lead	Stable Shoe		
Any other Comn	nents	Bridle		
	Unbroken	Evented		
Circle if Completed	Loosed Jumped	Hunter trialled		
	Broken and Riding Competed at Training Shows	Pony Clubbed Number of SJI Points		
 This is a legal document and you are Responsible or the information it contains. Incorrect information leaves lot returnable and vendor liable for any purchaser expenses ie: vetting, transport. This warranty should be signed by you, if someone signs it will still be regarded as vendors responsibility. 				
I confirm that th	e information provide	d above is accurate and valid		
Signed		Date:	-	
V	'endor/Sales Agent			