

Equine Purchase / Sale Data Sheet

Name _____

Address _____

Phone _____ E-Mail _____

Discipline _____

Level of Training:

(hold control to select more than one)

Age _____

Age Range _____

Breed _____

Registered

IF Yes, Registration Number _____

Gender

Sale Price Range _____ Purchase Price range _____

Expected Time frame of Sale / Purchase _____

Additional comments and information _____

Anticipated additional expenses

Marketing

Social media

Video

PPE Pre purchase exam

X-rays (Over \$15,000.00 Strongly recommended)

Commission

Travel

Shipping costs