Stettler Auction Market Limited
Box 1568
Stettler, AB T0C 2L0

LOT #_____

HORSE SALE REGISTRATION FORM

OWNER _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

HORSE NAME _____

SEX _____ COLOR _____

AGE _____ REGISTERED Y/N _____

PICTURE Y/N _____

DESCRIPTION OR COMMENTS

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