

**Attachment 5**  
**CONSIGNOR AUTHORIZATION FORM**  
**SALE \_\_\_\_\_**

Consignor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Please initial only if you wish to confirm the following:

\_\_\_\_\_ I hereby instruct OBS to restrict access to Repository information on the horses in my consignment to Licensed veterinarians.

\_\_\_\_\_ I hereby authorize OBS to give to the Purchaser of a horse from my consignment the radiographs in the Repository.

Please identify Consignor Representatives below that may have access to one or both of the following:

Name \_\_\_\_\_

\_\_\_\_\_ I authorize the above person to receive the activity of our files in the Repository.

\_\_\_\_\_ I authorize the above person to pick up the information placed in the Repository (radiographs, certificates, etc.) on horses in my consignment no sooner than 72 hours after horse is sold.

Name \_\_\_\_\_

\_\_\_\_\_ I authorize the above person to receive the activity of our files in the Repository.

\_\_\_\_\_ I authorize the above person to pick up the information placed in the Repository (radiographs, certificates, etc.) on horses in my consignment no sooner than 72 hours after horse is sold.

Consignor's Signature \_\_\_\_\_

Date \_\_\_\_\_

These forms are available in the Repository and on the OBS website. Please return this completed form to the Repository.