

NOTIFICATION OF RETIREMENT OR DEATH OF A STANDARD BRED

Horse Name		Suffix / COB.	Sex
Sire	Freezebrand	Foal Date	
Dam	Microchip Number		

RETIRED (Please select one option from each section).

Retired to: <input type="checkbox"/> a. Equestrian career (horse will participate in a field other than racing) <input type="checkbox"/> b. Breeding purposes (retired from racing only) <input type="checkbox"/> c. Industry retirement program (HERO, Off The Track) <input type="checkbox"/> d. Sent to livestock sale (you MUST advise sale/auction company and date of sale) <input type="text" value="Sale Company"/> <input type="checkbox"/> e. Companion horse (e.g. weanling care, paddock companion) <input type="checkbox"/> f. Donor Program (embryo, blood transfer) Date Retired <input type="text"/>	Reason for Retirement <input type="checkbox"/> a. Paddock Injury <input type="checkbox"/> b. Injury while training <input type="checkbox"/> <input type="checkbox"/> c. Racing Injury (sustained during a race or trial) <input type="checkbox"/> d. Illness or Health issue <input type="checkbox"/> <input type="checkbox"/> e. Decision to cease breeding f. Other <input type="text"/> <input type="checkbox"/> g. Uncompetitive <input type="checkbox"/> h. Proactive decision to breed <input type="checkbox"/> <input type="checkbox"/> i. Gait issue j. Temperament <input type="checkbox"/>
At the time of retirement the horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding	

IF THE HORSE IS/OR WILL NO LONGER BE IN YOUR POSSESSION UPON ITS RETIREMENT, PLEASE ENTER THE NEW OWNER'S DETAILS:

OR

DEATH (Please select one option from each section).

Manner of Death <input type="checkbox"/> a. Died-natural causes (no human intervention) <input type="checkbox"/> b. Euthanised-by vet <input type="checkbox"/> c. Sent to knackery/abattoir/zoo/hunt club (you MUST add details of facility) <input type="text" value="Facility"/> <input type="checkbox"/> d. Euthanised-by licensed firearm holder Date of Death <input type="text"/>	Reason for Death <input type="checkbox"/> a. Paddock Injury <input type="checkbox"/> b. Injury while training <input type="checkbox"/> <input type="checkbox"/> c. Racing Injury (sustained during a race or trial) <input type="checkbox"/> d. Illness or Health issue <input type="checkbox"/> <input type="checkbox"/> e. Temperament f. Other <input type="text"/>
At the time of death horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding	

MANAGING OWNER/ TRAINER DETAILS:

<input type="text" value="Title"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Phone Number"/>
<input type="text" value="Address"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>	<input type="text" value="Country"/>
<input type="text" value="Town/City"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Email"/>	

AUTHORITY TO RETIRE / NOTIFY DEATH – THIS FORM WILL NOT BE PROCESSED UNLESS IT IS CORRECTLY COMPLETED & SIGNED.

I hereby confirm that I am the managing owner or trainer with authority of the above named horse and am authorised to make the above declarations under the provisions noted in the Australian Harness Racing Rules.

- I am the Managing Owner or
 I am the Trainer

Date of Notification

Print Name

Signature

Completion of this form does not in any way alter the horse's status in the stud book.

PLEASE LODGE THIS FORM WITH THE REGISTRATION DEPARTMENT AT YOUR STATE CONTROLLING BODY

Notification of Retirement / Death – refer to Australian Harness Racing Rules at www.harness.org.au/rules