

SR24: 08-19 [A requirement under Rule 417]

RETIREMENT OR DEATH OF A THOROUGHBRED

(NZTR DOES NOT REQUIRE NOTIFICATION FOR ANY THOROUGHBRED TRANSFERRING FROM RACING TO BREEDING)

Part A: HORSE DETAILS	
Horse Name:	Age: Gender:
Sire:	Horse was: Unraced In Training Spelling Breeding Retired Mare in foal at time of death? (tick if yes)
Dam:	
Date of Retirement or Death:	

For death complete parts B and D. For retirement complete parts C and D.

Part B: DEATH OF A THOROUGHBRED	
Details of Death (Select one of the options below) <ul style="list-style-type: none"> a. Died due to accident or natural causes b. Humanely euthanised c. Culled for animal consumption 	Reason for Death (Select one of the options below) <ul style="list-style-type: none"> a. Injury b. Illness / Ill health c. Not suitable for rehoming d. Genetic or physical developmental issues (specify) e. Other (specify) If d or e, specify:
Death of a Thoroughbred: Supporting Information (Either a veterinarian certificate, or declaration, outlining reason for death must be provided.) <ul style="list-style-type: none"> a. Vet certificate submitted with this form; OR b. I _____ (name), attest as a true and accurate account, the following description of circumstances / reasons for the death of this Thoroughbred. 	

Part C: RETIREMENT OF A THOROUGHBRED**Retirement Destination** (Select one of the options below)

- a. Equestrian/pleasure/working /companion horse
- b. Sent to livestock sale/auction
- c. Other (specify)

If other, specify:

Reason for Retirement (Select one of the options below)

- a. Injury
- b. Illness / Ill health
- c. Owner's request
- d. Other (specify)

If other, specify:

NEW OWNER / LIVESTOCK AGENT DETAILS (IF APPLICABLE)

Name:

Retirement Location (Physical address where the horse will be kept):

Town / City:

Email:

Phone:

Retirement Location (Physical address where the horse will be kept):

Part D: ACCOUNTABLE PERSON or AUTHORISED AGENT DETAILS

Name:

Your involvement with the horse: Owner OR Authorised Agent / Racing Manager

Address:

Town / City:

Email:

Phone:

Declaration: By submitting this form to NZTR I certify that all of the information I have set out on this form is true and correct, and I acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me being prosecuted under the Rules of Racing or otherwise. I have read all the above declarations

Date:

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