

SR24: 01-21

RETIREMENT OR DEATH OF A THOROUGHBRED

A requirement under Rule 417

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

PART A: HORSE DETAILS	
Horse Name:	Age: Gender:
Sire:	Horse was (please tick): <input type="checkbox"/> Unraced <input type="checkbox"/> In Training <input type="checkbox"/> Spelling <input type="checkbox"/> Retired <input type="checkbox"/> Breeding <input type="checkbox"/> Mare in foal at time of death? (tick if yes)
Dam:	
Date of Retirement or Death:	

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

PART B: RETIREMENT OF A THOROUGHBRED	
Retirement Destination (select one of the options below) a. Equestrian / pleasure / working / companion horse b. Sent to livestock sale c. Other If other, specify:	Reason for Retirement (select one of the options below) a. Injury b. Illness / Ill health c. Owner's request d. Other If other, specify:

NEW OWNER / LIVESTOCK AGENT DETAILS (if applicable)	
Name:	
Retirement location (full physical address where the horse will be kept):	
Email:	Phone:
Address of new owner (if different from retirement location):	

PLEASE CONTINUE TO PART D

PART C: DEATH OF A THOROUGHBRED**Details of death** (select one of the options below)

- a. Died due to accident or natural causes
- b. Humanely euthanised
- c. Culled at a commercial abattoir

Reason for Death (select one of the options below)

- a. Injury
- b. Illness / ill health
- c. Not suitable for rehoming
- d. Genetic or physical developmental issues (specify below)
- e. Other

If d or e, specify:

Death of a Thoroughbred & Supporting Information (either a veterinarian certificate, or declaration, outlining reason for death **must** be provided).

- 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 D: ACCOUNTABLE PERSON or AUTHORISED AGENT**Name:****Your involvement with the horse** (please tick one):

-
- Owner
-
- Authorised Agent / Racing Manager

Address:**Email:****Phone:**

Declaration (please sign): 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.

Signed:**Date:****PRIVACY ACT 2020**

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