

APPLICATION FORM FOR THE MOVEMENT OF HORSES

ENTRANCE

EXIT

TRAINERS NAME: _____

OWNERS NAME: _____ PERCENT: _____

EQUINE VETERINARY CLINIC BILLING TO*: _____

COUNTRY OF ORIGIN: _____ STUD FARM: _____

AUCTIONEER: _____ DATE OF PURCHASE: _____

DESTINATION: _____

	HORSES NAME	AGE	SEX	STABLE #	REASON FOR MOVEMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DATE OF TRANSPORT: _____

TIME OF TRANSPORT: _____

TYPE OF TRANSPORT: TRAILER LORRY

NAME OF TRANSPORTER: _____

LISCENCE PLATE: _____

I _____ hereby declare that I am the trainer/owner of these horses and that all necessary actions by law have been carried out and all conditions of the law have been kept for the transport of the aforementioned horses to/from the racecourse. I recognize that the racecourse is in no way liable for potential injuries sustained to the horses. I declare that to my knowledge they are not carriers of any disease.

SIGNATURE: _____ DATE: _____

*In cases where the owner(s) are not registered with the accounting department of Horseraces SA they must register their details within 5 working days.

HORSERACES SA APPROVAL SECTION		
EVC VETERINARIAN	STAMP	DATE