

SR24: 08-17 [A requirement under Rule 417]

NOTIFICATION OF RETIREMENT OR DEATH OF A THOROUGHBRED

(FORM SR24 DOES NOT APPLY TO HORSES RETIRING FROM RACING AND TRANSFERRING TO THOROUGHBRED BREEDING)

1. DEATH OR RETIREMENT OF A THOROUGHBRED

Death or Retirement from Racing or Retirement from Breeding or Retirement from Racing and Breeding

2. HORSE DETAILS

Name (if known): _____

Sire:	Dam:
Age:	Sex: Colt <input type="checkbox"/> Filly <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/>
Colour: Bay <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Chestnut <input type="checkbox"/> Grey <input type="checkbox"/> Other: _____	

3. IDENTIFY HORSE (ALL BRANDS TO BE COMPLETED CLEARLY)

Near Shoulder (LEFT) Cipher Brand	Off Shoulder (RIGHT) Numerical Brand
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4. DETAILS OF DEATH (TO BE COMPLETED ONLY FOR A DECEASED HORSE)

Date of Death:	Place of Death:
Cause of Death: (Tick all boxes that apply) Natural Causes <input type="checkbox"/> Euthanasia (Injury) <input type="checkbox"/> Paddock/stable incident <input type="checkbox"/> Racing or training incident <input type="checkbox"/> Culled <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	
Status at Death: Unraced <input type="checkbox"/> Raced <input type="checkbox"/> Spelling <input type="checkbox"/> Retired from racing and breeding <input type="checkbox"/> At Stud <input type="checkbox"/>	

5. DECLARATION

Name:	Your involvement with the horse: Owner <input type="checkbox"/> or Authorised Agent/Racing Manager <input type="checkbox"/>
Address:	
Email:	Phone:
Signature:	Date:

6. DE-REGISTRATION (TO BE COMPLETED ONLY FOR DE-REGISTRATION OF A HORSE)

Name:	
Address:	
Email:	Phone:
Signature:	Date:

I confirm I wish to apply to NZTR to permanently de-register the above-identified horse for the purposes of (choose only one option below):
 Racing and breeding Racing Breeding
 [This will prevent all future owners from racing and/or breeding from the horse under the Rules of Racing e.g. if horse has an injury]

7. NEW OWNER'S DETAILS (IF APPLICABLE)

Name:	
Address:	
Email:	Phone:
Signature:	Date:
Intended future use: Equestrian/Sport horse <input type="checkbox"/> Hunt/Showhunter <input type="checkbox"/> Showing <input type="checkbox"/> Polo <input type="checkbox"/> Trekking/Hacking <input type="checkbox"/> Retired/Pleasure/Paddock Companion <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	

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