



*maintaining the integrity of the sport of horseracing*

## EQUINE RETIREMENT/ DEATH NOTIFICATION

In terms of Rule 41.12:

**A horse will be regarded as having been retired from the time it leaves a trainers' yard or a breeding establishment to be placed in the care of a person who is NOT registered with the National Horseracing Authority**

### SECTION 1 - HORSE DETAILS

Horse Name  Microchip No.   
 Date of Birth  Gender  Colour   
 Date of Retirement/ Death

### SECTION 2 - HORSE LOCATION

Please select one of the following options:  In Training  Spelling Farm  Stud Farm  
 Name of Trainer/ Person Responsible/ Stud Farm   
 Training Centre   
 or Physical Address   
 Suburb  Province  Postal Code

*If horse was retired, please complete sections 3 and 5 below  
 If the horse was euthanized or died, please complete sections 4 and 5 below*

### SECTION 3 - SECOND CAREER ASSESSMENT

Obvious conformation defects   
 Temperament (Unmanageable, difficult, unpredictable, nervous, hot, reasonable, sensible, calm, stoic)  
  
 Sound at a trot in a straight line?  Yes  No (specify)   
 Known significant veterinary history

Was this assessment done by a veterinarian?  Yes  No  
 If yes, name of the veterinarian  Email

<b>Retired to</b> (select an option below)	<b>Reason for Retirement</b> (select an option below)
<input type="checkbox"/> Equestrian Discipline	<input type="checkbox"/> Injury
<input type="checkbox"/> Horse Care Unit / Approved Rehoming Facility	<input type="checkbox"/> Illness
<input type="checkbox"/> Breeding (non-racing)	<input type="checkbox"/> Owner's request
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Other (specify) <input type="text"/>

## Return to Racing

Does the owner(s) have any objections to the horse being reinstated to race in the future (subject to approval by the NHA Veterinary Department)?  Yes  No

If yes, please specify why

*If for veterinary related reasons, please attached supporting documentation*

## New Owner/ Responsible Person

First Name  Last Name

ID Number  Email

Cell Number  Physical Address

Suburb  Province  Postal Code

## Retirement Location

Physical Address

Suburb  Province  Postal Code

## SECTION 4 - EUTHANASIA OR DEATH

Please select one of the following options:  Died  Euthanized

**Reason for death** (select an option below)

Injury

Illness

Other (specify)

## SECTION 5 – OWNER/ TRAINER/ AUTHORIZED PERSON DETAILS

First Name  Last Name

ID Number  Email

Cell Number  Physical Address

Suburb  Province  Postal Code

## Declaration

**I declare that:**

**I am the owner/ trainer or authorized person by the owner to complete this form.**

**I have made all the relevant history of this horse as I know it available to the veterinarian (if present) and new owner for an accurate assessment to be made of the horse's suitability to pursue a second career as indicated above.**

**I am satisfied that the horse will be able to continue a second career as indicated above.**

**The information provided in this form is true and correct to the best of my knowledge, and I acknowledge that I may be subject to penalty according to Rule 41.11 for providing any false or misleading information.**

Signature

Date

**Please email all completed forms to [retirements@nhra.co.za](mailto:retirements@nhra.co.za) within 2 business days of retirement/ death.**

## The National Horseracing Authority of Southern Africa

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