

HORSE MOVEMENT
(Under the Rules of Racing)

NOTES:

1. The Trainer responsible for the Training Establishment must please complete this form accurately, in block letters.

FROM:

Name Of Trainer: _____ **Training Centre:** _____

Signature: _____

NAME OF HORSE/ MICROCHIP NUMBER	SEX	DATE OF DEPARTURE

TO:

Name Of Trainer: _____ **Training Centre:** _____

Signature: _____

NAME OF HORSE/ MICROCHIP NUMBER	SEX	DATE OF ARRIVAL

I certify that the above information is correct for all horses that entered my stables or left my stables.

SIGNATURE _____

DATE: _____