

SIGNATURE \_\_\_\_\_

Mezzanine Floor, Happy World House, Sir William Newton Street, Port-Louis, Mauritius Tel No: (230) 214 9800 Email: info@hrd.intnet.mu

## **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/ SEX DATE OF DEPARTURE MICROCHIP NUMBER TO: Name Of Trainer: Training Centre: \_\_\_\_\_ **Signature:** \_\_\_\_\_ NAME OF HORSE/ SEX DATE OF ARRIVAL MICROCHIP NUMBER I certify that the above information is correct for all horses that entered my stables or left my stables.

**DATE:** \_\_\_\_\_