

FORM R25A / NOTIFICATION OF DEREGISTRATION OR DEATH OF A STANDARDBRED

Horse Name		Suffix / COB.	Sex
Sire		Freezebrand	Foal Date
Dam		Microchip Number (if relevant)	

DEREGISTRATION (Please select one option from each section).

Deregistered to: <input type="checkbox"/> a. Equestrian / pleasure / working / companion horse / kept by owner <input type="checkbox"/> b. Breeding purposes (deregistered from racing) <input type="checkbox"/> c. Industry retirement program <input type="checkbox"/> d. Sent to livestock sale	Reason for Deregistration <input type="checkbox"/> a. Injury while training <input type="checkbox"/> b. Paddock Injury <input type="checkbox"/> c. Racing Injury <input type="checkbox"/> d. Illness <input type="checkbox"/> e. Owner's request / decision <input type="checkbox"/> f. Decision to cease breeding <input type="checkbox"/> g. Decision to breed (for deregistered option "b" only) <input type="checkbox"/> h. Other
Date Retired/Deregistered <input type="text"/>	
At the time of deregistration horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding	

IF THE HORSE IS/OR WILL NO LONGER BE IN YOUR POSSESSION UPON ITS DEREGISTRATION, PLEASE ENTER THE NEW OWNER'S DETAILS:

Full Name	Phone Number
Address	

OR

DEATH (Please select one option from each section).

Deceased <input type="checkbox"/> a. Died (accident or natural causes) <input type="checkbox"/> b. Euthanised <input type="checkbox"/> c. Sent to abattoir	Cause of Death <input type="checkbox"/> a. Injury while training <input type="checkbox"/> b. Paddock Injury <input type="checkbox"/> c. Racing Injury <input type="checkbox"/> d. Illness <input type="checkbox"/> e. Owner's request <input type="checkbox"/> f. Other
Date of Death <input type="text"/>	
At the time of death horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding	

MANAGING OWNER/ TRAINER DETAILS:	Title	First Name	Last Name	Phone Number
Address	State	Postcode	Country	
Town/City	Phone Number	Email		

AUTHORITY TO DEREGISTER / NOTIFY DEATH - THIS FORM WILL NOT BE PROCESSED UNLESS IT IS CORRECTLY COMPLETED & SIGNED.

I hereby confirm that I am the managing owner or trainer with authority of the above named horse and am authorised to make the above declarations under the provisions noted in rule 96A of the Australian Harness Racing Rules.

I am the Managing Owner or
 I am the Trainer

Date of Notification

Print Name

Signature

Completion of this form does not in any way alter the horse's status in the stud book.