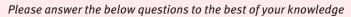
## OWNER / MANAGER / TRAINER / CAREGIVER REPORT AND STATEMENT OF HISTORY





Owner / Manager / Trainer / Caregiver Name			
Address			
Horse Name	Age		
Sire	Dam		
Sex	Microchip		
Agent Name	Telephone		
IORSE HISTORY			
How long has this horse been under your personal care?			
History of injury or illness (e.g. rhabdomyolysis), lameness or colic?		○ Yes	○ No
History of surgery, other than castration?		○ Yes	○ No
Has the horse ever bled from a nostril or been diagnosed with a 'heart irregularity'?		○ Yes	○ No
Stable or ridden vices (i.e. weaves, box walks, windsucks / crib bites or head-shaker)?		○ Yes	○ No
History of farriery issues or a need to wear non-standard shoes / plates in training or racing?		○ Yes	○ No
Has this horse received an anabolic steroid in the last six mont	hs?	○ Yes	○ No
Has this horse ever received a bisphosphonate (i.e. Tildren)?		○ Yes	○ No
Date of last NSAID administration and reason			
Date of last intra-articular treatment and joint(s) treated			
Who is the horse's usual veterinary attendant?			
Has the horse recently been attended to by a veterinarian and i	f so, for what reason?		
Is the horse in training / spelling?		○ Training ○	Spelling
How long has the horse been training / spelling?			
Does this horse have a current racing restriction or embargo?		○ Yes	○ No
Please provide details of any knowledge you have of this horse	's past performances or outstand	ing racing restriction / o	embargo:
ERTIFICATION			
Signature	Name		
	Date		