

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

Please answer the below questions to the best of your knowledge



香港賽馬會  
The Hong Kong Jockey Club

Owner / Manager / Trainer / Caregiver Name	
Address	
Horse Name	Age
Sire	Dam
Sex	Microchip
Agent Name	Telephone

## HORSE HISTORY

How long has this horse been under your personal care?	
History of injury or illness (e.g. rhabdomyolysis), lameness or colic?	<input type="radio"/> Yes <input type="radio"/> No
History of surgery, other than castration?	<input type="radio"/> Yes <input type="radio"/> No
Has the horse ever bled from a nostril or been diagnosed with a 'heart irregularity'?	<input type="radio"/> Yes <input type="radio"/> No
Stable or ridden vices (i.e. weaves, box walks, windsucks / crib bites or head-shaker)?	<input type="radio"/> Yes <input type="radio"/> No
History of farriery issues or a need to wear non-standard shoes / plates in training or racing?	<input type="radio"/> Yes <input type="radio"/> No
If you have answered yes to any of the above, please provide details:	
Has this horse received an anabolic steroid in the last six months?	<input type="radio"/> Yes <input type="radio"/> No
Has this horse ever received a bisphosphonate (i.e. Tildren)?	<input type="radio"/> Yes <input type="radio"/> 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 if so, for what reason?	
Is the horse in training / spelling?	<input type="radio"/> Training <input type="radio"/> Spelling
How long has the horse been training / spelling?	
Does this horse have a current racing restriction or embargo?	<input type="radio"/> Yes <input type="radio"/> No
Please provide details of any knowledge you have of this horse's past performances or outstanding racing restriction / embargo:	

## CERTIFICATION

Signature	Name
	Date