



R25-A

	INTERSTATE/OVERSEAS TRAINED HORSE
	ORIGINAL NOTIFICATION OF STABLE RETURN & GEAR FORM
	AMENDMENT TO ORIGINAL NOTIFICATION

(please tick appropriate box)

Part A

STABLE RETURN and GEAR FORM

NAME OF HORSE

REGISTRATION CERTIFICATE NO.

OWNERS	1.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname (Manager)	Initials
	2.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	3.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	4.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	5.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	6.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	7.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	8.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	9.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials
	10.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		Surname	Initials

NOTE: Where Syndicate, Group or Assumed Name applies, Insert Name and Address here

NOTE: Grade B Trainer must circle No. of the Owner who fulfils Reg 90 2.7(b)

TRAINER'S NAME

Surname Initials

TRAINER'S LICENCE NUMBER CONTACT PHONE NO.

RACING COLOURS

Are the colours the 1. TRAINER OR 2. OWNER/S ? (please tick appropriate box)

ADDRESS WHERE THE HORSE IS OR WILL BE STABLED

NOTE: INTERSTATE /OVERSEAS TRAINERS MUST SUPPLY DETAILS OF STABLING & CONTACT NUMBERS

PROPERTY OWNER:

ADDRESS:

.....POSTCODE:.....

STABLES PHONE NO:

I agree that this form shall constitute a part of each Nomination for this horse when entered in a race in (State) and I CERTIFY THAT THE PARTICULARS SHOWN ARE TRUE AND CORRECT

TRAINERS SIGNATURE: DATE:

(note rr.268/269/299)

NAME OF HORSE: _____

THIS FORM MUST BE FULLY COMPLETED AND LODGED AT LEAST 48 HOURS PRIOR TO NOMINATION OF THIS HORSE FOR A RACE OR TRIAL OR PRIOR TO ITS NEXT RACE START OR TRIAL.

GEAR: TICK APPROPRIATE BOXES

- | | | | |
|--|---|--|--|
| <p>1. <input type="checkbox"/> Anti Choking Device</p> <p>2. <input type="checkbox"/> Bandages</p> <p>3. <input type="checkbox"/> Bit - Extension</p> <p>4. <input type="checkbox"/> Bit - Headcheck</p> <p>5. <input type="checkbox"/> Bit - Lugging</p> <p>6. <input type="checkbox"/> Bit - Other</p> <p>7. <input type="checkbox"/> Bit - Pulling</p> <p>8. <input type="checkbox"/> Bit - Pulling cord</p> <p>9. <input type="checkbox"/> Bit - Rubber</p> <p>10. <input type="checkbox"/> Bit - Slipmouth</p> <p>11. <input type="checkbox"/> Bit - Snaffle</p> <p>12. <input type="checkbox"/> Bit - Straight</p> <p>13. <input type="checkbox"/> Blinkers -Block</p> <p>14. <input type="checkbox"/> Blinkers - Cant See Bak</p> <p>15. <input type="checkbox"/> Blinkers - Dolly Vardon</p> <p>16. <input type="checkbox"/> Blinkers - European</p> <p>17. <input type="checkbox"/> Blinkers - Hood</p> <p>18. <input type="checkbox"/> Blinkers-Mesh Goggles</p> <p>19. <input type="checkbox"/> Blinkers-Murphy Blind N/S</p> <p>20. <input type="checkbox"/> Blinkers-Murphy Blind O/S</p> <p>21. <input type="checkbox"/> Blinkers-Pelling Pacifiers</p> <p>22. <input type="checkbox"/> Blinkers-Pull Up</p> <p>23. <input type="checkbox"/> Blinkers - Sliding Block</p> <p>24. <input type="checkbox"/> Blinkers - Slide Dolly Vardon</p> <p>25. <input type="checkbox"/> Blinkers - Spring Loaded</p> <p>26. <input type="checkbox"/> Blinkers - Telescopic</p> <p>27. <input type="checkbox"/> Bloomers Leather</p> <p>28. <input type="checkbox"/> Bloomers Sheepskin</p> <p>29. <input type="checkbox"/> Boots - Bell</p> <p>30. <input type="checkbox"/> Boots - Bumper</p> <p>31. <input type="checkbox"/> Boots - Knee</p> <p>32. <input type="checkbox"/> Boots - Pastern</p> <p>33. <input type="checkbox"/> Boots - Scalping</p> | <p>34. <input type="checkbox"/> Boots - Shin/Tendon</p> <p>35. <input type="checkbox"/> Bucking Strap</p> <p>36. <input type="checkbox"/> Burr - Bit N/S</p> <p>37. <input type="checkbox"/> Burr - Bit O/S</p> <p>38. <input type="checkbox"/> Burr-Neckstrap N/S</p> <p>39. <input type="checkbox"/> Burr-Neckstrap O/S</p> <p>40. <input type="checkbox"/> Burr-Pole N/S</p> <p>41. <input type="checkbox"/> Burr-Pole O/S</p> <p>42. <input type="checkbox"/> Burr-Rein N/S</p> <p>43. <input type="checkbox"/> Burr-Rein O/S</p> <p>44. <input type="checkbox"/> Cheekers - Brush</p> <p>45. <input type="checkbox"/> Cheekers - Other</p> <p>46. <input type="checkbox"/> Cheekers - Sheepskin</p> <p>47. <input type="checkbox"/> Chin Rest</p> <p>48. <input type="checkbox"/> Cornell Collar</p> <p>49. <input type="checkbox"/> Crupper</p> <p>50. <input type="checkbox"/> Crupper (none)</p> <p>51. <input type="checkbox"/> Deafeners - Fixed</p> <p>52. <input type="checkbox"/> Deafeners - Hood</p> <p>53. <input type="checkbox"/> Deafeners - Plugs</p> <p>54. <input type="checkbox"/> Deafeners - Removable</p> <p>55. <input type="checkbox"/> Deafeners - Removable Hood</p> <p>56. <input type="checkbox"/> Elbow Pads</p> <p>57. <input type="checkbox"/> Fly Veil</p> <p>58. <input type="checkbox"/> Gaiting Strap N/S</p> <p>59. <input type="checkbox"/> Gaiting Strap O/S</p> <p>60. <input type="checkbox"/> Harlee Side Bar</p> <p>61. <input type="checkbox"/> Headcheck - Fixed</p> <p>62. <input type="checkbox"/> Headcheck - None</p> <p>63. <input type="checkbox"/> Headcheck - Release Pin</p> <p>64. <input type="checkbox"/> Headcheck - Running</p> <p>65. <input type="checkbox"/> Hopples Shorteners Mob.</p> | <p>66. <input type="checkbox"/> Hopples Shorteners Stand & Mobile</p> <p>67. <input type="checkbox"/> Hopples Shorteners Stands Only</p> <p>68. <input type="checkbox"/> Hopples Shorteners Cord - Pin</p> <p>69. <input type="checkbox"/> Hopples - Flat</p> <p>70. <input type="checkbox"/> Hopples - Half</p> <p>71. <input type="checkbox"/> Hopples - Length</p> <p>72. <input type="checkbox"/> Hopples - None</p> <p>73. <input type="checkbox"/> Hopples - Round</p> <p>74. <input type="checkbox"/> Hopples Shorteners Elastic</p> <p>75. <input type="checkbox"/> Kicking Strap</p> <p>76. <input type="checkbox"/> Lugging Pole - N/S</p> <p>77. <input type="checkbox"/> Lugging Pole - O/S</p> <p>78. <input type="checkbox"/> Martingales</p> <p>79. <input type="checkbox"/> Muzzle</p> <p>80. <input type="checkbox"/> Nasal Flare</p> <p>81. <input type="checkbox"/> Neck Strap</p> <p>82. <input type="checkbox"/> Nose Band - Conventional</p> <p>83. <input type="checkbox"/> Nose Band - Drop</p> <p>84. <input type="checkbox"/> Nose Band Figure 8</p> <p>85. <input type="checkbox"/> Nose Veil</p> <p>86. <input type="checkbox"/> Open Bridle</p> <p>87. <input type="checkbox"/> Pre Race Warmup</p> <p>88. <input type="checkbox"/> Rearing Strap</p> <p>89. <input type="checkbox"/> Reins - Bar</p> <p>90. <input type="checkbox"/> Reins - Conventional</p> <p>91. <input type="checkbox"/> Reins - Pulling</p> <p>92. <input type="checkbox"/> Reins - Rings</p> <p>93. <input type="checkbox"/> Rogues Hood</p> <p>94. <input type="checkbox"/> Shadow Roll</p> <p>95. <input type="checkbox"/> Shaft Extensions</p> <p>96. <input type="checkbox"/> Shaft Spreaders</p> <p>97. <input type="checkbox"/> Shoes - Front</p> | <p>98. <input type="checkbox"/> Shoes - Hind</p> <p>99. <input type="checkbox"/> Shoes - Pads</p> <p>100. <input type="checkbox"/> Shoes - Special</p> <p>101. <input type="checkbox"/> Slide Up Blinkers</p> <p>102. <input type="checkbox"/> Spreaders - Conventional</p> <p>103. <input type="checkbox"/> Spreaders - Elastic</p> <p>104. <input type="checkbox"/> Spreaders - Go Straight</p> <p>105. <input type="checkbox"/> Spreaders - Guiders</p> <p>106. <input type="checkbox"/> Spreaders - Menzel</p> <p>107. <input type="checkbox"/> Stallion Support</p> <p>108. <input type="checkbox"/> Suspenders</p> <p>109. <input type="checkbox"/> Tail Tie</p> <p>110. <input type="checkbox"/> Toe Weight</p> <p>111. <input type="checkbox"/> Tongue Tie - Visible</p> <p>112. <input type="checkbox"/> Tongue Tie - W/Bit</p> <p>113. <input type="checkbox"/> Undercheck</p> <p>114. <input type="checkbox"/> Wind Sucking Device</p> <p>115. <input type="checkbox"/> Winkers</p> <p><input type="checkbox"/> Other Medical/ Surgical Procedure:
 <small>What</small>
 </p> <p><small>Date</small></p> <p>What
 </p> |
|--|---|--|--|

(note rr.268/269/299)

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