



# RACE HORSE RETIREMENT OWNER SURRENDER FORM

Please fill this form out entirely to the best of your ability.  
Incomplete forms will delay intake of your horse.

HORSE'S REGISTERED NAME \_\_\_\_\_ Stable or Nickname of Horse \_\_\_\_\_

Foaling Date \_\_\_\_\_

Horse's Sire \_\_\_\_\_ Horse's Dam \_\_\_\_\_

Tattoo Number \_\_\_\_\_ Microchip Number (if any) \_\_\_\_\_

Sex: Mare Gelding Colt HORSE'S REGISTERED COLOR \_\_\_\_\_ Markings \_\_\_\_\_

**ORIGINAL REGISTRATION PAPERS MUST ACCOMPANY YOUR HORSE**

Current Coggins Date: \_\_\_\_\_ (Please include copy of coggins with this form).

## INFORMATION ABOUT YOUR HORSE

Please fill out to the fullest extent. This allows us to understand your horse's mannerisms for assessment.  
Horses reported with aggression will not be necessarily declined aftercare.

Is your horse serviceably sound? \_\_\_\_\_  
Does your horse have any prior, current or limiting injuries or issues? YES NO  
Please include any known old injuries or known wind issues \_\_\_\_\_

Has your horse had any invasive procedures in the past?  
(Wind surgery, chip removal, repaired fractures, etc.) \_\_\_\_\_

Does your horse need rehabilitative care? YES NO  
Does this horse have any vices such as cribbing or stall aggression? \_\_\_\_\_

Current Exercise \_\_\_\_\_ Last Race \_\_\_\_\_ Last Work \_\_\_\_\_

Does your horse have any bad habits under saddle? \_\_\_\_\_

Has Your Horse Ever Been "Ruled Off" any track or training facility? If yes, Please explain.  
\_\_\_\_\_

Are there any liens against your horse? \_\_\_\_\_  
Is your horse safe to be handled by groom, dentist, farrier and vet? YES NO  
(If no, please explain) \_\_\_\_\_

## Current Feed Program

Grain Type \_\_\_\_\_ How Much (quarts)? \_\_\_\_\_

Hay Type \_\_\_\_\_ How Much? \_\_\_\_\_

Other Supplements or Feed \_\_\_\_\_

Does this horse have a history of colic or has this horse had colic surgery in the past?

YES / NO Date of colic surgery (If applicable) \_\_\_\_\_

Horse's Current Veterinarian \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will any X-rays, medical records or scans accompany this horse? YES ~~NO~~ NO

## Vaccination History Dates

Flu/Rhino \_\_/\_\_/\_\_ Botulism \_\_/\_\_/\_\_ Rabies \_\_/\_\_/\_\_ West Nile \_\_/\_\_/\_\_ EWT \_\_/\_\_/\_\_

Other: \_\_\_\_\_

Last Dental Float Date \_\_\_\_\_

Last De-Worming Date \_\_\_\_\_ Type Of Dewormer \_\_\_\_\_

Farrier History (Last Shoeing Date) \_\_\_\_\_ Type Of Shoes \_\_\_\_\_

# HORSE'S CONNECTIONS AND CONTACT

Trainer of Horse (For horses racing only)

Name \_\_\_\_\_ Number \_\_\_\_\_ Email Address \_\_\_\_\_

Owner Of Horse

Name \_\_\_\_\_ Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ as sole legal owner of the horse listed on this form, hereby release custody and ownership of \_\_\_\_\_ (registered horse's name) to TRRAC (Thoroughbred Retirement, Rehabilitation and Careers). I further authorize TRRAC to access and will release any medical records or diagnostics, previous or current of said horse at any time. I understand by signing this document, I no longer have any claim of ownership to said horse and am released for any further financial liability once the organization receives my one time donation fee of said horse. I understand that any decisions made by TRRAC regarding the horse on this form are final, including being euthanized in the event the horse is, but not limited to illness, soundness or general well being and quality of life.

Owner Print \_\_\_\_\_ Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Track Based Out Of \_\_\_\_\_

## Acting Agent of Horse (FOR AFTERCARE PROGRAM ONLY)

(Please fill out if you are an assisting aftercare program)

Aftercare/Organization's Registered Name: \_\_\_\_\_ Track Address \_\_\_\_\_

Organization Director Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Non-Profit EIN Number \_\_\_\_\_ Email Address \_\_\_\_\_

Organization Mailing Address \_\_\_\_\_

\_\_\_\_\_

## ONE TIME DONATION FEE AMOUNT

This donation fee is a one time amount to ensure the care of your horse while at our facility. This donation amount covers general wellness and nutrition, as well as professional training, placement and assistance. This fee ensures your horse will be cared for it's entire lifetime, even if your horse needs to return to us at anytime.

Upon signing your horse over to our organization as well as releasing your horse's agreed one time donation amount, you are hereby released of any further ownership as well as financial liability of said horse.

### **\*\*CURRENT OWNERS ARE OBLIGATED TO PROVIDE SHIPPING AND COVER TRANSPORT COSTS OF SAID HORSE\*\***

Donations must be received in our office for our organization before any horse arrives to our facility.

Donation Fee Amount \$ \_\_\_\_\_.

My Donation Will Be Sent Via (check one):

Personal Check    PayPal    Bank Transfer    Other

## IMPORTANT!

Please ensure the following accompanies your horse!

Owner's Check List For intake purposes:

- Horse's Donation Fee
- Current Coggins (within 1 year)
- Vaccination records
- Original Registration (Jockey Club) Papers
- Jockey Club Transfer
- Any Medical Records

PDF Scan is acceptable to process intake faster.

Please email all PDF Scans to  
**Mauimeadowfarm@gmail.com**

Please mail all ORIGINAL documents to:

TRRAC  
C/O Nina M. Lyman  
1799 Pocopson Road  
West Chester, Pa 19382

If you have any questions, you may contact our office  
Monday - Friday, 8 AM until 6 PM at 610-348-4338 Or Email  
Mauimeadowfarm@gmail.com



THE JOCKEY CLUB  
821 CORPORATE DRIVE  
LEXINGTON, KY 40503-2794  
(859) 224-2700 (800) 444-8521  
registry.jockeyclub.com

# SOLD AS RETIRED FROM RACING



THIS FORM SHOULD BE USED IN CONNECTION WITH A SALE WHERE THE SUBJECT THOROUGHBRED IS TO BE CONSIDERED PERMANENTLY RETIRED FROM RACING.

### INSTRUCTIONS FOR SOLD AS RETIRED FROM RACING

1. Within 60 days after the date of sale, Seller and Purchaser complete this form and sign in ink. Both signatures must be notarized. Please refer to Rule 18 in the *Principal Rules and Requirements of the American Stud Book*.
2. Enclose Certificate of Foal Registration.
3. Enclose four (4) color photographs (front, both sides and rear views).

UPON RECEIPT IN THE REGISTRY OFFICE WITHIN 60 DAYS FROM THE DATE OF THE SALE AND COMPLIANCE WITH ALL REQUIREMENTS, THE CERTIFICATE OF FOAL REGISTRATION WILL BE STAMPED "RETIRED FROM RACING" AND RETURNED TO THE PURCHASER (ADDRESS BELOW).

#### A. HORSE INFORMATION:

NAME OF HORSE: \_\_\_\_\_ REG. NO.: \_\_\_\_\_  
DAM'S NAME: \_\_\_\_\_ DATE SOLD: \_\_\_\_\_

#### B. SELLER INFORMATION:

Name:		
Address:		
City:	State:	Zip:
Telephone: (    )	Email:	

#### C. PURCHASER INFORMATION:

Name:		
Address:		
City:	State:	Zip:
Telephone: (    )	Email:	

**D. SIGNATURE AND CERTIFICATION OF SELLER:** By executing this document I represent that it is my intention to designate the above-referenced Thoroughbred as permanently Retired from Racing pursuant to Rule 18 of the *Principal Rules and Requirements of the American Stud Book* and I understand my designation is irrevocable. I further represent that I am the seller or authorized agent of the seller of the horse described on this form and that I have full authority to execute this form and to receive related documents from The Jockey Club. I, for myself and on behalf of the seller: (a) represent that all information supplied on this form, including date sold, and the name and address of the seller, are truthful, complete and accurate; (b) represent that I have read, understand, and have complied with the *Principal Rules and Requirements of The American Stud Book* ("Rules"); and (c) agree, with respect to all issues regarding the horse and information on this form related in any way to The Jockey Club, to be subject to and bound by the Rules, including, without limitation, Rule 19 (Deceptive Practices), Rule 20 (Appeals and Hearings), and Rule 21 (General Rules).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

#### NOTARIZATION OF SELLER'S SIGNATURE:

NOTARIZATION: (My Commission Expires On) \_\_\_\_\_ (Signature of Notary Public) \_\_\_\_\_  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ SEAL

**E. SIGNATURE AND CERTIFICATION OF PURCHASER:** By executing this document I represent that it is my intention to designate the above-referenced Thoroughbred as permanently Retired from Racing pursuant to Rule 18 of the *Principal Rules and Requirements of the American Stud Book* and I understand my designation is irrevocable. I further represent that I am the purchaser or authorized agent of the purchaser of the horse described on this form and that I have full authority to execute this form and to receive related documents from The Jockey Club. I, for myself and on behalf of the purchaser: (a) represent that all information supplied on this form, including date sold, and the name and address of the purchaser, are truthful, complete and accurate; (b) represent that I have read, understand, and have complied with the *Principal Rules and Requirements of The American Stud Book* ("Rules"); and (c) agree, with respect to all issues regarding the horse and information on this form related in any way to The Jockey Club, to be subject to and bound by the Rules, including, without limitation, Rule 19 (Deceptive Practices), Rule 20 (Appeals and Hearings), and Rule 21 (General Rules).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

#### NOTARIZATION OF PURCHASER'S SIGNATURE:

NOTARIZATION: (My Commission Expires On) \_\_\_\_\_ (Signature of Notary Public) \_\_\_\_\_  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ SEAL

If you need assistance in completing this form, call Registration Services at (800) 444-8521.

WHEN COMPLETED, MAIL FORM AND CERTIFICATE TO: THE JOCKEY CLUB, 821 CORPORATE DR., LEXINGTON, KY 40503-2794