



APPLICATION FOR RE-INSTATEMENT OF A RETIRED RACEHORSE

Once completed, please return via email to Racing and Wagering Stewards Department;

Thoroughbred Stewards@rwwa.com.au

Harness RWWAHarnessStewards@rwwa.com.au

**Note: Ownership disputes and horse history will be investigated by the Stewards and the Licensing Registrations Department prior to a decision being made. Any Ownership transfers and/or Lease registration must be processed through Licensing and Registration Department in the usual manner prior to horse being re-instated to trial or race. If the horse hasn't started in a race for more than 12 months then a trial may be required before recommencing racing.*

Date:	
Horse Name:	
Breed:	
Age:	
Sex:	
Colour:	
Brands:	
Microchip: (if present)	
Owner/Lessee Name:	
Trainer Name:	

Veterinary Clearance

I certify that I have examined the horse described above, at _____
 (Horse's Location) on ____/____/_____, which requires a Veterinary Examination to assess its suitability for reinstatement as a racehorse after having been retired from racing for the following reason:

 _____ (provide reason for retirement including description of any injuries at time of retirement).

In my opinion, the horse is currently in a suitable/unsuitable (*strike which does not apply*) condition to resume training and be reinstated as a racehorse for the following reason(s):

Veterinary Surgeon Name: _____

Signature: _____

Permission to be re-instated from retirement (where applicable)

Where the managing owner at the time of official retirement of the horse is not the same as the person who is making the application to re-instate the retired racehorse, permission to re-instate the horse must be granted by the owner who initially retired the horse.

I, (insert name)..... as the managing owner at the time the horse described above was officially retired from racing hereby give my permission for this horse to be re-instated to continue racing.

Signed:

Dated:

Office Use Only:

Date Received: _____

Approved to Re-instate: Yes / No

Reason(s): _____

RWWA Stipendiary Steward Name/Sign: _____

RWWA Veterinary Surgeon Name/Sign: _____

Racing Australia Notified: _____ Date

Trainer/Owner Notified: _____ Date