REVISION - 02/10/2025

HORSE WHEREABOUTS

Date :

Name of horse : ……..

Responsible Person (Trainer/Owner) : ……

Current Location : ……

New Location : ……..

Movement Date : …….. **Time** : ……..

Reason for movement :

- ☐ Training
- ☐ Race
- ☐ Out of training/Lay off
- ☐ Veterinary Treatment

Other : ……

I, the undersigned, being the responsible person for the above horse, hereby declare that the information provided is true and accurate.

Name

Signature

For Official Use Only

Received by	
Date and Time of Receipt	
Remarks	

Gambling Regulatory Authority
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