

HORSE IN MY CARE (RACING ACTIVE) FORM

SECTION 1: HORSE DETAILS

I confirm that the return for this horse is compliant with Rule 148 and HRI Directive 16.

Name (if applicable)	YR.Foaled	Colour	Sex	Breeding

SECTION 2: OWNERSHIP DETAILS

Owner Name	Account Number (if applicable)
Owner Address	

If owned in Partnership, have you lodged a Partnership Form?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
If owned by a syndicate, have you lodged a Syndicate Form?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
Have you lodged Authority to Act for the stated owner?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
Do you have the horse's passport in your possession?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
Are you a Curragh licenced Trainer?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
IF YES , will this horse be using the Curragh Gallops?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
Has the horse been imported from outside Ireland?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
IF YES , please state the country:					
Is the horse named in Ireland?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
Has the horse raced outside of Ireland?	Yes	<input type="checkbox"/>	/	No	<input type="checkbox"/>
IF YES , please attach all foreign performances and confirm:					
The total number of runs outside of Ireland:					
The total number of lifetime wins outside of Ireland:					

Trainers Name*	Account Number*
Signature*	Date

*The trainer accepts full responsibility for all the Foreign Performance reports submitted with this Horse in Training form. Any errors or omissions may result in a delay in the processing of this form. If foreign performances are submitted an entry cannot be made for two working days.

Horse Racing Ireland, Registrations Department Contact Details:

Horse Racing Ireland, Ballymany, The Curragh, Co. Kildare. Tel: 045 455424 • Fax: 045 455423 • Email: registrations@hri.ie

