



NOTIFICATION OF DEREGISTRATION OR DEATH OF A STANDARD BRED

Horse Name	Freeze Brand / Microchip #	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sire	Dam	Foal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

DEREGISTRATION (please select one option from each section).

Deregistered to: <input type="checkbox"/> a. Kept by owner <input type="checkbox"/> b. Equestrian / riding hack / companion horse <input type="checkbox"/> * c. Breeding purposes (deregistered from racing) <input type="checkbox"/> d. Industry retirement programme Date Retired/Deregistered <input type="text"/> At the time of deregistration horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding	Reason for Deregistration <input type="checkbox"/> a. Injury while training <input type="checkbox"/> b. Paddock Injury <input type="checkbox"/> c. Racing Injury <input type="checkbox"/> d. Illness <input type="checkbox"/> e. Owner's request <input type="checkbox"/> f. Decision to cease breeding <input type="checkbox"/> g. Decision to breed <input type="checkbox"/> h. Other (please specify below) <i>(for option c only, opposite*)</i> <input type="text"/>
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IF NOT RETAINED BY OWNER, PLEASE ENTER THE NEW OWNER'S DETAILS:

Name (of new owner)	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (physical address where horse will be kept) <input type="text"/>		

OR

DEATH (Please select one option from each section).

Deceased <input type="checkbox"/> a. Died (accident or natural causes) <input type="checkbox"/> b. Euthanised <input type="checkbox"/> c. Sent to abattoir Name of abattoir <input type="text"/> Date of Death <input type="text"/> At the time of death horse was: <input type="checkbox"/> Racing <input type="checkbox"/> Training <input type="checkbox"/> Spelling <input type="checkbox"/> Breeding <input type="checkbox"/> Retired	Cause of Death <input type="checkbox"/> a. Injury while training <input type="checkbox"/> b. Paddock Injury <input type="checkbox"/> c. Racing Injury <input type="checkbox"/> d. Illness <input type="checkbox"/> e. Owner's request <input type="checkbox"/> f. Other <input type="text"/>
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AUTHORITY TO DEREGISTER / NOTIFY DEATH - THIS FORM WILL NOT BE PROCESSED UNLESS IT IS CORRECTLY COMPLETED & SIGNED.

I hereby confirm that I am an owner or trainer of the above named horse.

I am an Owner OR I am the Trainer

Name	Signature
<input type="text"/>	<input type="text"/>
Address	Date of Notification
<input type="text"/>	<input type="text"/>

HARNESS RACING PRIVACY

Your personal information is collected in order to process your application, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Your information is held at HRNZ Inc, 17 Birmingham Drive, Christchurch and is available to all Board Members, office holders and employees of HRNZ. You have the right to request access and to request correction of any of your personal details.

We publish the title, name initials, and last name of horse owners on our website, as well as on "My HRNZ". HRNZ also shares published information with agencies who are involved in the Harness Racing Industry (including clubs) that are approved by us to receive such data.

If you do not wish for your information to be shared with these third parties, please tick the box.