

PREVIOUS TRAINER ATTESTATION FORM: RUNNER FROM ABROAD

This form is designed for use in the event that a horse, previously in training abroad, has been entered to race for the first time in the care of a new trainer. RACING AUTHORITIES WISHING TO ADOPT THIS FORM SHOULD TAILOR THE SELECTION OF EVENTS, BELOW, ACCORDING TO THEIR RELEVANCE TO THEIR OWN SPECIFIC RULES. In directing this form to the person who was the trainer of the incoming horse immediately prior to its exportation, the assistance of that trainer's Racing Authority may be sought.

NOTIFICATION OF EVENTS IN RELATION TO THE HORSE, WHICH MAY GIVE RISE TO RESTRICTIONS BEING IMPOSED BY THE STAGING AUTHORITY

I.....(enter name in Block Capitals) being the previous trainer of.....(enter horse's name), declare that, to the best of my knowledge, with the exception of the events listed below, the horse has not been subject to any administrations, procedures, etc., which I consider may give rise to restrictions being imposed by the Staging Authority.

Feel free to add any supporting detail, either on this form or as a separate document.

| EVENT* | SUBSTANCE or DETAILS | DATE(S) |
|--|----------------------|---------|
| Administration of a non-approved substance (as specified under the Article 6E Paragraph 4), under a Therapeutic Use Exemption (as provided for in Article 6E Paragraph 5). | | |
| Administration of Bisphosphonates (Article 6D, 6E 7) | | |
| Application of chemical castration or immunocastration (Article 6C 2 F) | | |
| Application of 'bloodletting' (see Article 6C 2 D) | | |
| Application of 'firing' (see Article 6C 2 G) | | |
| Application of 'blistering' (see Article 6C 2 H) | | |
| Limb neurectomy or any artificial form of limb desensitisation | | |
| Tracheotomy (with or without a tracheostomy tube) | | |
| Vision impairment (eg blind in one eye) | | |
| Previous bleeding episodes | | |

*(References relate to the International Federation of Horseracing Authorities' International Agreement on Breeding, Racing and Wagering).

| | DETAILS | DATES |
|---|---------|-------|
| Any other event(s) which may give rise to a restriction by the Staging Authority. | | |

Signed: _____

Dated: _____