



## Resident Broodmare Emergency Leave Form: For Permanent NY Resident Mare or Shipped In Mare

To be completed by Owner or Farm Representative and sent to the Agriculture and NYS Horse Breeding Development Fund within three days of the emergency or medical procedure resulting in the mare leaving the state of New York.

*Please print*

I hereby declare that the broodmare \_\_\_\_\_,  
USTA Registration #: \_\_\_\_\_, who is currently a fulltime resident at this New York State facility:  
\_\_\_\_\_, whose arrival date or beginning  
residency period date is \_\_\_\_\_, has had an emergency resulting in the need for the  
(MM/DD/YY)  
mare to be moved from this facility to: \_\_\_\_\_ located at  
\_\_\_\_\_  
on \_\_\_\_\_. (All supporting documentation detailing the emergency and/or  
(MM/DD/YY)  
medical procedure and its timeframe will be attached to the Notice of Return.)

I hereby state the above information is true and correct. False statements made herein are punishable pursuant to Section 210.45 of the New York State Penal Law. I grant permission to allow a Fund representative to visit the farm indicated above to inspect the farm and its records to verify the mare's residence and status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If this form is signed by someone other than the owner of the mare, the signer states that they have been granted permission by the mare owner to act on their behalf.

**NOTE:** Upon completion, this form must be mailed or faxed to the Harness Horse Breeders of NYS with a postmark or fax date no later than three days from the mare's emergency or medical procedure leave date. Mail to: 230 Washington Avenue Extension, Suite 101 Albany, NY 12203  
Please call with any questions: 518-694-5002 Fax: 518-463-8656

Failure to submit this form within the stated timeframe may result in automatic disqualification from the awards program. Any deliberate falsification of this document or deliberate false statements may result in the signer and the establishment and any other parties found complicit, being permanently barred from any participation in the New York Sire Stakes and other programs of the Fund. Additionally, you may be assessed a fine and/or face suspension or revocation of your license. The decisions of the Agriculture & New York State Horse Breeding Development Fund on all matters concerning the Breeders' Awards Program are final.

For office use only:

RETURN WHITE COPY AND KEEP YELLOW COPY FOR YOUR RECORDS