Resident Broodmare Emergency Notice of Return 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 mare’s return from an emergency or medical procedure leave that resulted 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 mare to be moved from this facility to: ____________________________________ located at ____________________________________________
on _______________ and returned to this facility on _________________.

DATE MOVED (MM/DD/YY) DATE RETURNED (MM/DD/YY)

All supporting documentation detailing the emergency and/or medical procedure and its timeframe are attached to this Notice of Return Form.

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 New York Sire Stakes Program with a postmark or fax date no later than three days from the mare’s emergency or medical procedure return 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.

RETURN WHITE COPY AND KEEP YELLOW COPY FOR YOUR RECORDS