



*maintaining the integrity of the sport of horseracing*

**SECOND CAREER ASSESSMENT FORM**

**For the use of the NHA only!**

Please note: This is NOT a Veterinary soundness certificate

**SECTION 1. TO BE COMPLETED BY A VETERINARIAN**

<b>NAME OF HORSE:</b>	<b>DATE OF BIRTH:</b>
<b>MICROCHIP NUMBER:</b>	<b>GENDER:</b>
<b>COLOUR:</b>	
<b>TRAINER:</b>	<b>TRAINING CENTRE:</b>
<b>OWNER/S:</b>	
<b>DATE OF ASSESSMENT:</b>	<b>PLACE;</b>
<b>OBVIOUS CONFORMATION DEFECTS:</b>	
<b>TEMPERAMENT:</b> (unmanageable, difficult, unpredictable, nervous, hot, reasonable,	sensible, calm, stoic)
<b>CLINICAL EXAMINATION:</b> (Any obvious abnormalities)	<b>YES / NO</b>
If <b>YES</b> , please specify:	
<b>SOUND AT TROT IN HAND ON A STRAIGHT LINE</b>	<b>YES / NO</b>
If <b>NO</b> , please specify:	
<b>KNOWN VETERINARY HISTORY:</b>	
<b>FURTHER TREATMENT, SURGERY OR REST RECOMMENDED:</b>	<b>YES / NO</b>
If <b>YES</b> , please specify:	
<b>SUITABLE TO PURSUE A SECOND CAREER:</b> Please specify YES or NO	1. EQUESTRIAN DISCIPLINE i.e. dressage, show jumping, eventing, polo, hunting, etc 2. HACK ONLY 3. OTHER (Specify)
<b>I AM THE HORSE'S REGULAR TREATING VETERINARIAN:</b>	<b>YES / NO</b>
<b>COMMENTS:</b>	
<b>NAME:</b>	<b>PRACTICE STAMP:</b>
<b>SIGNATURE:</b>	
<b>DATE:</b>	

**NB: VETERINARY SURGEON - PLEASE RECORD THIS EXAMINATION IN THE HORSE'S PASSPORT.**

**SECTION 2: TO BE COMPLETED BY THE TRAINER**

I, \_\_\_\_\_ (Trainer) have made all the relevant history of this horse as I know it, available to the Veterinarian in order for an accurate assessment to be made of the horse's suitability to pursue a second career as a sport horse or hack. I shall help the owner to make an informed decision on this horse's future, based on this assessment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 3: TO BE COMPLETED BY THE OWNER(S) / AUTHORIZED PERSON

TITLE AND NAME:

ID NUMBER:

PHYSICAL ADDRESS:

CELL NUMBER:

EMAIL:

I have discussed the future career of the **horse** ( ) with my Trainer and the Veterinarian and I am, after consultation with all other registered owners of this horse (where applicable), satisfied that the horse will be able to continue a second career as a sport horse or hack.

SIGNATURE: \_\_\_\_\_ DATE; \_\_\_\_\_

Where Applicable:

I / We have decided **NOT** to have this horse humanely euthanased, against the advice of my Veterinarian and Trainer and accept full responsibility for this horse's future welfare.

Owner (s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF PERSON TO WHOM HORSE WAS DISPOSED: \_\_\_\_\_

I .D NUMBER: -----

ADDRESS: \_\_\_\_\_

CONTACT - CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE SUBMIT THE COMPLETED FORM TO THE NATIONAL HORSERACING AUTHORITY OF S. A.**

**FOR ATTENTION - VETERINARY DEPARTMENT, JOHANNESBURG.**

**EMAIL: [retirements@nhra.co.za](mailto:retirements@nhra.co.za)**