

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 #:, wh	ho is currently a fulltime resident	at this New York State facility:
	, w	hose arrival date or beginning
residency period date is(MM/D	, has had an emergeno	cy resulting in the need for the
mare to be moved from this facility to	0:	located at
on (A	All supporting documentation det	ailing the emergency and/or
medical procedure and its timeframe	will be attached to the Notice of	Return.)
I hereby state the above information i pursuant to Section 210.45 of the New Y to visit the farm indicated above to inspe	ork State Penal Law. I grant permiss	ion to allow a Fund representative
Signature:	Date:	
Print Name:	Title:	
Facility Phone Number:		
Email Address:	Cell Pho	ne:
If this form is signed by someone oth been granted permission by the mare		ne signer states that they have
NOTE: Upon completion, this form method with a postmark or fax date no late procedure leave date. Mail to: 230 Welease call with any questions: 518-6	r than three days from the mare /ashington Avenue Extension, Suit	's emergency or medical
Failure to submit this form within the stated timefi falsification of this document or deliberate false s complicit, being permanently barred from any part may be assessed a fine and/or face suspension o Breeding Development Fund on all matters concerr	tatements may result in the signer and the e icipation in the New York Sire Stakes and othe r revocation of your license. The decisions o	stablishment and any other parties found or programs of the Fund. Additionally, you
	· ·	For office use only:

RETURN WHITE COPY AND KEEP YELLOW COPY FOR YOUR RECORDS