

# HARNESS STABLE RETURN

**This form must be lodged immediately a horse comes under the control of a trainer with the intention of preparing a horse to participate in racing, or no later than close of business on the last working day prior to nominating a horse for a trial or race if any details herein have changed.**

ORIGINAL	
AMENDMENT TO ORIGINAL	

**IMPORTANT – Indicate above with X**

HORSE

**BRAND SYMBOL**  
EG: SV==<<V=

**SEX**

**FOALING DATE**

**OWNERS**

1.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME (MANAGER)		INITIALS
2.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME		INITIALS
3.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME		INITIALS
4.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME		INITIALS
5.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME		INITIALS
6.	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
	SURNAME		INITIALS

Where Syndicate, Group or Assumed Name applies, insert Name here. List Manager on Owners 1.

**TRAINER**

**SURNAME**

**INITIALS**

**LICENCE NO.**

**ADDRESS**

**TELEPHONE**

**FAX**

**RACING**

**COLOURS**

**ADDRESS WHERE THE HORSE IS OR WILL BE STABLED**

PROPERTY OWNER:.....STABLE PHONE NO.....

ADDRESS: .....POSTCODE.....

I agree that this form shall constitute a part of each Nomination for this horse when entered in a race in Tasmania and I CERTIFY THAT THE PARTICULARS SHOWN ARE TRUE AND CORRECT.

TRAINER'S SIGNATURE .....DATE.....

# RECORD OF HORSE'S GEAR

To be completed by the trainer prior to the lodgement of the trainer's first nomination for the horse.

**HORSE'S NAME:** .....

**Place 'x' in appropriate boxes**

**Note:** N/S = Near Side O/S = Off Side

1	<input type="checkbox"/>	Anti Choking Device	52	<input type="checkbox"/>	Round
2	<input type="checkbox"/>	Bandages	53	<input type="checkbox"/>	Flat
	*	<b>Bit -</b>	54	<input type="checkbox"/>	* Length
3	<input type="checkbox"/>	Headcheck			<b>Hopple Shortners -</b>
4	<input type="checkbox"/>	Chin Rest	55	<input type="checkbox"/>	Elastic
5	<input type="checkbox"/>	Snaffle	56	<input type="checkbox"/>	Cord - Pin
6	<input type="checkbox"/>	Straight	57	<input type="checkbox"/>	Mobile Only
7	<input type="checkbox"/>	Rubber	58	<input type="checkbox"/>	Stands Only
8	<input type="checkbox"/>	Pulling	59	<input type="checkbox"/>	Mobile and Stands
9	<input type="checkbox"/>	Lugging			
10	<input type="checkbox"/>	Extension	60	<input type="checkbox"/>	Lugging Pole N/S
11	<input type="checkbox"/>	Slipmouth	61	<input type="checkbox"/>	Lugging Pole O/S
12	<input type="checkbox"/>	Lip Cord/Strap			Martingales
13	<input type="checkbox"/>	Pulling Cord	62	<input type="checkbox"/>	Neck Strap
14	<input type="checkbox"/>	Other			<b>Nose Band -</b>
	*	<b>Blinkers -</b>	63	<input type="checkbox"/>	Conventional
15	<input type="checkbox"/>	* Open Bridle	64	<input type="checkbox"/>	Drop
16	<input type="checkbox"/>	Dolly Vardon	65	<input type="checkbox"/>	Figure 8
17	<input type="checkbox"/>	Block			
18	<input type="checkbox"/>	Telescopic	66	<input type="checkbox"/>	Nose Veil (Not Below Nostrils)
19	<input type="checkbox"/>	Hood			* <b>Reins</b>
20	<input type="checkbox"/>	Pelling Pacifiers	67	<input type="checkbox"/>	Conventional
21	<input type="checkbox"/>	Mesh Goggles	68	<input type="checkbox"/>	With Rings
22	<input type="checkbox"/>	Murphy Blind N/S	69	<input type="checkbox"/>	Bar
23	<input type="checkbox"/>	Murphy Blind O/S			
24	<input type="checkbox"/>	Spring Loaded	70	<input type="checkbox"/>	Rogues Hood
		<b>Boots -</b>	71	<input type="checkbox"/>	Shadow Roll
25	<input type="checkbox"/>	Bell	72	<input type="checkbox"/>	Shaft Extensions
26	<input type="checkbox"/>	Knee	73	<input type="checkbox"/>	Shaft Spreaders
27	<input type="checkbox"/>	Shin/Tendon			* <b>Shoes -</b>
28	<input type="checkbox"/>	Scalping	74	<input type="checkbox"/>	None
29	<input type="checkbox"/>	Bumper	75	<input type="checkbox"/>	Front
30	<input type="checkbox"/>	Pastern	76	<input type="checkbox"/>	Hind
			77	<input type="checkbox"/>	Pads
31	<input type="checkbox"/>	Bucking Strap	78	<input type="checkbox"/>	Special
		<b>Burr -</b>			<b>Spreaders -</b>
32	<input type="checkbox"/>	Bit N/S	79	<input type="checkbox"/>	Conventional
33	<input type="checkbox"/>	Bit O/S	80	<input type="checkbox"/>	Elastic
34	<input type="checkbox"/>	Neckstrap N/S	81	<input type="checkbox"/>	Go Straights
35	<input type="checkbox"/>	Neckstrap O/S	82	<input type="checkbox"/>	Menzel
36	<input type="checkbox"/>	Pole N/S	83	<input type="checkbox"/>	Guiders
37	<input type="checkbox"/>	Pole O/S			
38	<input type="checkbox"/>	Rein N/S	84	<input type="checkbox"/>	Stallion Support
39	<input type="checkbox"/>	Rein O/S	85	<input type="checkbox"/>	Tail Tie
		<b>Checkers -</b>			<b>Tongue Tie -</b>
40	<input type="checkbox"/>	Sheepskin	86	<input type="checkbox"/>	Visible
41	<input type="checkbox"/>	Brush	87	<input type="checkbox"/>	W Bit
42	<input type="checkbox"/>	Other			
43	<input type="checkbox"/>	* Crupper	88	<input type="checkbox"/>	Undercheck
		<b>Deafeners</b>	89	<input type="checkbox"/>	Whip
44	<input type="checkbox"/>	Fixed	90	<input type="checkbox"/>	Wind Sucking Device
45	<input type="checkbox"/>	Hood	91	<input type="checkbox"/>	Other Gear (specify)
46	<input type="checkbox"/>	Removable			.....
					.....
47	<input type="checkbox"/>	Gaiting Strap N/S			
48	<input type="checkbox"/>	Gaiting Strap O/S			
	*	<b>Headcheck -</b>	92	<input type="checkbox"/>	Miscellaneous Gear
49	<input type="checkbox"/>	None			.....
50	<input type="checkbox"/>	Fixed			.....
51	<input type="checkbox"/>	Running			.....
	*	<b>Hopples -</b>			

TRAINER'S NAME ..... LICENCE NO.....

TRAINER'S SIGNATURE ..... DATE .....

\* - Denotes Compulsory Gear (A selection must be chosen)