

Acceptance into the Off the Track WA (OTTWA) Retraining Program is at all times at the discretion of Racing and Wagering Western Australia (RWAA). Please gather accurate information from the stable/trainer and be honest in disclosure for the safety of people and welfare of the horse.

SECTION A - HORSE PARTICULARS

| | | | | |
|---|-----|-------|--|--|
| Registered Name <i>Sire/Dam if unnamed</i> | | | | |
| Stable Name | | | | |
| Brands (if TB) | NS: | OS: | Neck Brand (if SB) | |
| Microchip (if present) | | | Date of Birth/Year of Foaling | |
| Registration Number | | Breed | <input type="checkbox"/> Standardbred <input type="checkbox"/> Thoroughbred | |
| Height | | Sex | <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Filly <input type="checkbox"/> Colt * <input type="checkbox"/> Stallion* <input type="checkbox"/> Rig * | |
| Colour (inc. Markings) | | | | |
| Horse's Current Location | | | | |
| Length of Time in WA [#] | | | | |

* Must be gelded and recovered from procedure (minimum 6 weeks) prior to acceptance.

[#] Horse must have been foaled in WA or domiciled (or raced) under the care of a WA licensed trainer for a period of at least 12 months.

| | |
|----------------|--|
| Last Trainer | |
| Address | |
| Contact Number | |
| Managing Owner | |
| Address | |
| Contact Number | |

| | | | | | |
|---|--|--------|---|------------|--------------|
| Racing Information | # Starts | # Wins | # Placings | Prizemoney | Gait (if SB) |
| | | | | | |
| Date of retirement | | | Date last raced (if different from retirement date) | | |
| Reason for retirement | | | | | |
| Has the horse been deregistered for racing? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If unraced/unnamed please complete the following: | | | | | |
| Did the horse complete yearling preparation? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Has the horse been started under saddle? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by who? | | | | |

PREVIOUS ATTEMPTS TO REHOME HORSE

If you have tried to rehome your horse prior to applying for this program, please provide details of these attempts:

| | Date/s Advertised | Platform/Method Used to Advertise | Any Physical Viewings of Horse |
|---|-------------------|-----------------------------------|--------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

SECTION B - HEALTH AND WELL BEING

| | |
|---|--|
| Date of last deworming treatment: | |
| Date of last dental treatment: | <i>Current dental certificate / chart to be provided, treatment to have been within last 6 months.</i> |
| Date of last vaccination: Type of vaccination/s: | <i>Tetanus and Strangles vaccination to be completed at a minimum.</i> |
| Date of last farrier visit: | |
| Medical History | |
| Has the horse undergone any surgical procedures? If yes, please provide details and dates of surgery and veterinary reports. | <ul style="list-style-type: none"> • Orthopaedic Surgery (bones/joints/tendons etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes • Wind Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes • Colic/Abdominal <input type="checkbox"/> No <input type="checkbox"/> Yes • Other <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Has the horse suffered any tendon injuries? If yes, or suspected please specify which leg, when etc. and attach/provide imaging and reports: | <ul style="list-style-type: none"> • Tendon Injury <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected • Suspensory Ligament Injury <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected • Other ligament injury <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected |
| Does the horse suffer from any hoof injuries or issues? | <input type="checkbox"/> No <input type="checkbox"/> Seedy Toe <input type="checkbox"/> Cracks <input type="checkbox"/> Previous laminitis <input type="checkbox"/> Flat feet <input type="checkbox"/> Other - please specify: Corrective Shoeing Required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure |
| Does the horse suffer from any dental issues? | <input type="checkbox"/> No <input type="checkbox"/> Yes, parrot mouth <input type="checkbox"/> Yes, please specify |
| Does the horse have any known arthritis or degenerative joint disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: Which leg/joint(s) _____ Has it been confirmed by x-rays <input type="checkbox"/> No <input type="checkbox"/> Yes (attach X rays) Has surgery been performed <input type="checkbox"/> No <input type="checkbox"/> Yes Has the joint(s) been medicated <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Does the horse have any known respiratory/wind problems? | <input type="checkbox"/> No <input type="checkbox"/> Yes, roarer <input type="checkbox"/> Yes, EIPH <input type="checkbox"/> Yes, other (specify): <input type="checkbox"/> Surgical intervention, please attach report. |
| Does the horse suffer from gastric ulcers? | <input type="checkbox"/> No <input type="checkbox"/> Yes, in the past, treated <input type="checkbox"/> Yes, likely |
| Does the horse suffer from any skin conditions? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify |
| Adverse Drug Reactions? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify |
| Does the horse have any scars or wounds? | <input type="checkbox"/> No, none <input type="checkbox"/> Minor, healed <input type="checkbox"/> Yes, recent, please specify: |

| | |
|---|---|
| Has the horse ever been seen to be 'tying up'? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: |
| Does the horse have any known significant conformation issues? For example: club foot, sway back, roach back, angular limb | <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: |
| Any other relevant health or well-being information: | |
| Please note the included Veterinary certificate and declaration must be completed by a registered Equine Veterinarian before the application can be processed. | |

SECTION C - TEMPERAMENT AND EDUCATION

| | |
|--|--|
| Does the horse have any known vices? | |
| Windsucking/Cribbing | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when stabled only |
| Weaving | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when? |
| Fence Walker | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? |
| Biting | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, girthing <input type="checkbox"/> Yes, sometimes |
| Kicking | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? |
| Striking | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? |
| Rearing - on ground | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes |
| Rearing - under saddle | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes |
| Bucking under saddle | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes |
| Bolting | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes |
| Spooky | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes |
| Horse Shy | <input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? |
| Can the horse be paddocked safely with other horses? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Can the horse be lead quietly in a halter? | <input type="checkbox"/> Yes <input type="checkbox"/> No, requires bit |
| Does the horse tie up safely? | <i>Hard Tie</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>Cross Tie</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Please indicate which of the following best describes the horse's temperament. | <input type="checkbox"/> Highly Strung/ Anxious/ Special Needs <input type="checkbox"/> Confident <input type="checkbox"/> Quiet/relaxed |
| How does the horse travel? | <input type="checkbox"/> Good <input type="checkbox"/> Anxious <input type="checkbox"/> Very anxious/poorly <input type="checkbox"/> Very poor, needs sedation <input type="checkbox"/> Scrambles |

| | |
|--|--|
| What modes of transport will the horse travel in? | <input type="checkbox"/> Any <input type="checkbox"/> Angle Load <input type="checkbox"/> Straight load float <input type="checkbox"/> Truck <input type="checkbox"/> Unsure has only travelled via truck |
| How is the horse for the farrier? | <input type="checkbox"/> Good <input type="checkbox"/> Requires holding <input type="checkbox"/> Poor, eg, requires twitch or sedation <input type="checkbox"/> Kicks <input type="checkbox"/> Pulls back |
| Has the horse been exposed to other working environments? | <input type="checkbox"/> Bush <input type="checkbox"/> Beach <input type="checkbox"/> Other, specify |
| Any other comments on the horse's ground manners? | |
| How is the horse's way of going under saddle? | <input type="checkbox"/> 'Hot' <input type="checkbox"/> Steady <input type="checkbox"/> Forward <input type="checkbox"/> Somewhat lazy |
| Please describe the horse's education under saddle, if known: | |
| If known, please advise standard equipment used on the horse (i.e. if ridden with noseband, what type?): | |

SECTION D - TERMS AND CONDITIONS

To be eligible for acceptance to the retraining program, horses must:

- Have been foaled in WA or domiciled (or raced) under the care of a licensed WA trainer for a period of at least 12 months.
- Raced, trialled or been in race work with a registered WA trainer in the past 12 months.
- Be deregistered for racing.
- Be sound, with a veterinary certificate and declaration to be provided at the expense of trainer/owner (as per the application process).
- Have had basic groundwork and handling, if not commenced race preparation at all.
- Be of good temperament.
- Be in good condition (as not welfare/emergency care cases), with up-to-date routine health management (teeth/deworming/vaccinations) and farrier work undertaken. Horses are not required to be shod, however feet should be in good tidy condition if barefoot.
- Not be entire - colts/stallions are to be gelded and be recovered from the procedure (minimum 6 weeks).
- Have been spelled/let down for a period of at least 4 -6 weeks prior to arriving at the OTTWA Estate.

Horses which will not be considered for acceptance into the pilot retraining program:

- Thoroughbred or Standardbred horses which have not been bred for the purposes of racing.
- Mares or stallions which have been used for breeding and have subsequently been retired, with the exception of cases with extenuating circumstances (infertility), which will be considered at RWWA's discretion.
- Horses which have previously exited the racing system into a home within the equestrian community.

In addition to the requirement of meeting acceptance criteria, preference will be given to horses which are in locations which make retraining and rehoming complicated logistically.

Assessment for acceptance into the program is at all times at the discretion of RWWA an application form must be completed with relevant paperwork provided, for the horse to be considered for acceptance.

RWWA reserves the right to request further information about a horse prior to acceptance if a concern is indicated on the horse's application form.

Horses remain in the care of their racing owner/trainer until they are accepted into the program and physically arrive at the facility, if the Retraining Program is at capacity a waitlist will be maintained. Alternate opportunities may be obtained whilst on the waitlist, however RWWA must be notified for removal from the waitlist.

RWWA may recommend the horse is sent to an alternate retrainer / rehoming opportunity, if this occurs the horse will be removed from the waitlist.

Upon acceptance into the OTTWA Retraining Program and arrival at the OTTWA Estate:

- Horses must be released from current ownership, with custody granted to RWWA, for the purposes of assessment, retraining and rehoming as practical. Any proceeds from subsequent sale are relinquished to RWWA.
- No payment will be made by RWWA for horses entering the program.
- All relevant retirement from racing forms must be completed, with horses' papers/ID card provided.
- **All relevant health, injury or temperament issues (including stable vices) must be disclosed. Failure to accurately disclose a condition will result in the horse being returned immediately to the trainer/owner at their expense.**
- All costs associated in the delivery of horse/s to the facility are at the expense of the trainer/owner.
- Any decisions made by RWWA about the eligibility of a horse for the retraining program will be at RWWA's discretion and will be final.

SECTION E - TRAINER/OWNER DECLARATION

| | |
|--|-------------------|
| <p>I have read and understood the Terms and Conditions and declare that to the best of my knowledge the above information is a true and accurate description of the aforementioned horse, and I have made full disclosure in regards to any known health, injury or temperament issues that the horse may possess.</p> <p>I also declare that I understand that making a false declaration constitutes a breach of the Australian Rules of Racing and may put persons working with, or purchasing the horse, at risk of injury, and I acknowledge the horse may be returned to me at my own expense.</p> <p>I wish/do not wish to be contacted for potential return of the horse, should the retraining process discover the horse is unsuitable (based on behavioural or medical grounds) for retraining and subsequent rehoming through OTTWA.</p> | |
| Name | |
| Address | |
| Contact Number | |
| Signature | Date |
| | |
| Witness Name | Witness Signature |
| Date | |
| | |

Please return application within 14 days of veterinary certificate being completed:

- Completed Application Form with relevant signatures provided
- Dental Chart *or* Dental Examination Completed under Section F of Application Form
- Veterinary Certificate and Declaration (Section F of Application Form) **within 14 days of completion**
- Photographs of horse -at least 3 photos including the left and right sides, and head, ensuring brands are legible and the whole body is visible

To 'Off the Track WA Retraining Program' by email: offthetrackwa@rwwa.com.au or post: 14 Hasler Road Osborne Park WA 6017.

If you have any enquiries regarding this application form, or the Retraining Program, please contact the Off the Track WA Retraining and Rehoming Coordinator on 9445 5371.

SECTION F - VETERINARY CERTIFICATE AND DECLARATION - To be completed by registered Equine Veterinarian.

Please note incomplete veterinary certificate and declaration forms will not be accepted.

| | | | | |
|---|-----|-----|--------------------|--|
| Registered Name <i>Sire/Dam if unnamed</i> | | | | |
| Stable Name | | | | |
| Brands (if TB) | NS: | OS: | Neck Brand (if SB) | |
| Microchip (if present) | | | | |

*Please indicate if abnormalities have been detected on examination of each item, where relevant.
If yes, please provide information in general comments.*

| SKIN AND HAIR COAT | | PULMONARY | |
|---------------------|---|--|---|
| Skin | <input type="checkbox"/> N <input type="checkbox"/> Y | Auscultation | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Hair Coat | <input type="checkbox"/> N <input type="checkbox"/> Y | Respiration | <input type="checkbox"/> N <input type="checkbox"/> Y |
| EYES | | DIGESTIVE | |
| Reflexes | <input type="checkbox"/> N <input type="checkbox"/> Y | Auscultation | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Eyelids | <input type="checkbox"/> N <input type="checkbox"/> Y | Faeces | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Conjunctiva | <input type="checkbox"/> N <input type="checkbox"/> Y | NERVOUS SYSTEM | |
| Third Eyelids | <input type="checkbox"/> N <input type="checkbox"/> Y | Cranial nerves | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Cornea | <input type="checkbox"/> N <input type="checkbox"/> Y | Distal limb sensation | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Ophthalmoscope exam | <input type="checkbox"/> N <input type="checkbox"/> Y | Ataxia | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Nasolacrimal | <input type="checkbox"/> N <input type="checkbox"/> Y | MUSKULOSKELETAL | |
| MOUTH | | Near Fore | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Lips | <input type="checkbox"/> N <input type="checkbox"/> Y | Off Fore | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Tongue | <input type="checkbox"/> N <input type="checkbox"/> Y | Near Hind | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Teeth | <input type="checkbox"/> N <input type="checkbox"/> Y | Off Hind | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Gums | <input type="checkbox"/> N <input type="checkbox"/> Y | Neck and Back | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Bite | <input type="checkbox"/> N <input type="checkbox"/> Y | Muscle Mass | <input type="checkbox"/> N <input type="checkbox"/> Y |
| NASAL AND PARANASAL | | EXTERNAL GENITALIA | |
| Symmetry | <input type="checkbox"/> N <input type="checkbox"/> Y | | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Air Flow | <input type="checkbox"/> N <input type="checkbox"/> Y | DENTAL EXAMINATION (WITH GAG) | |
| Mucous Membranes | <input type="checkbox"/> N <input type="checkbox"/> Y | <i>Only required if horse has not been assessed by a qualified equine dentist.</i> | |
| Exudate | <input type="checkbox"/> N <input type="checkbox"/> Y | | <input type="checkbox"/> N <input type="checkbox"/> Y |
| Percussion | <input type="checkbox"/> N <input type="checkbox"/> Y | | |
| LARYNX AND TRACHEA | | | |
| Palpation | <input type="checkbox"/> N <input type="checkbox"/> Y | | |
| Auscultation | <input type="checkbox"/> N <input type="checkbox"/> Y | | |
| CARDIOVASCULAR | | | |
| Auscultation | <input type="checkbox"/> N <input type="checkbox"/> Y | | |
| Pulse | <input type="checkbox"/> N <input type="checkbox"/> Y | | |

| HOOF EXAMINATION (No or Yes - if yes please specify details as provided) | | | | | |
|--|--|------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| Shod | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Full Set | <input type="checkbox"/> Fronts Only | <input type="checkbox"/> Hinds Only | |
| Flat/Collapsed Heel | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| Box/Club Foot | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| Wall Quality | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| Hoof Crack | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| Frog and Sole | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| Hoof Tester Reaction | <input type="checkbox"/> N <input type="checkbox"/> Y - | <input type="checkbox"/> Near Fore | <input type="checkbox"/> Off Fore | <input type="checkbox"/> Near Hind | <input type="checkbox"/> Off Hind |
| MEDICATIONS | Has the horse received any medications in the 30 days prior to examination <input type="checkbox"/> N <input type="checkbox"/> Y -If yes, please specify: | | | | |
| GENERAL COMMENTS (expand on exam findings) | | | | | |
| Temperament at time of examination: <input type="checkbox"/> Tractable <input type="checkbox"/> Untractable | | | | | |
| <i>Comments:</i> | | | | | |
| | | | | | |
| Horse examined in hand at: <input type="checkbox"/> Walk <input type="checkbox"/> Trot <input type="checkbox"/> Backing <input type="checkbox"/> Lunged | | | | | |
| Flexion test results (required): <input type="checkbox"/> + <input type="checkbox"/> - Near Fore <input type="checkbox"/> + <input type="checkbox"/> - Off Fore <input type="checkbox"/> + <input type="checkbox"/> - Near Hind <input type="checkbox"/> + <input type="checkbox"/> -Off Hind | | | | | |
| <i>Where + include details: if not performed indicate reason why:</i> | | | | | |
| | | | | | |
| | | | | | |
| <i>Any further comments on soundness:</i> | | | | | |
| | | | | | |
| | | | | | |
| <i>Any further comments on general examination:</i> | | | | | |
| | | | | | |
| | | | | | |
| Veterinarian's Declaration | | | | | |
| <i>The Off the Track Retraining Program is designed for training and education of retired Thoroughbred and Standardbred racehorses, for the purposes of transitioning into other ridden equestrian pursuits and disciplines. Your opinion regarding suitability for the program should consider this purpose, with respect to soundness and behaviour.</i> | | | | | |
| The horse I have identified, as presented on _____, is in my opinion <input type="checkbox"/> SUITABLE <input type="checkbox"/> NOT SUITABLE for immediate acceptance into the Off the Track WA Retraining Program. If considered to be suitable for the program at a later date, please specify: | | | | | |
| _____ | | | | | |
| Name | | | | | |
| _____ | | | | | |
| Clinic | | | | | |
| _____ | | | | | |
| Contact Number | | | | | |
| _____ | | | | | |
| Signature | | | | Date | |
| _____ | | | | _____ | |