OTTWA RETRAINING PROGRAM APPLICATION FORM

(AWF057) 1 August 2026

Acceptance into the Off the Track WA (OTTWA) Retraining Program is always at the discretion of Racing and Wagering Western Australia (RWWA). Accepted horses will be listed on the *OTTWA Retraining Online Platform* for a minimum of 30 days for an OTTWA Network Retrainer (NR) to select, after which they will become eligible to enter the OTTWA Estate Retraining Pathway (ERP). Please ensure all information provided by the racing ownership group/trainer is accurate and complete, and that all disclosures are made honestly in the interest of participant safety and horse welfare.

SECTION A – HORSE PARTICULARS

Registered name *Sire/Dam if unnamed*				
Stable Name				
OTTWA Passport number				
Brands (if TB)	NS:	OS:	**Neck brand** (if SB)	
Microchip (if present)			**Age/Date of birth/Year of foaling**	
Colour		**Breed**	☐ Standardbred ☐ Thoroughbred	
Height		**Sex**	☐ Mare ☐ Filly ☐ Gelding ☐ Stallion[1] ☐ Rig[1] ☐ Colt[1]	
Horse's current location				
Length of time in WA[2]				

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

[2] Horse must have been foaled in WA or domiciled (or raced) under the care of a WA licensed trainer in the last 12 months

Last Trainer	
Address	
Contact Number	
Owner/ownership group representative	
Address	
Contact Number	

	# Starts	**# Wins**	**# Placings**	**Prizemoney**	**Gait** (if SB)
Racing Information					
Date of retirement			**Date last raced** *(if different from retirement date)*		
Reason for retirement					
Has the horse been deregistered for racing?	☐ No ☐ Yes				

SECTION B - HEALTH AND HUSBANDRY MANAGEMENT

Date of last deworming:	
Date of last dental treatment: *Provide current dental certificate / chart. Treatment must be within last 6 months.*	
Date of last vaccination: Type of vaccination/s:	
Type of vaccination/s: *Tetanus and Strangles vaccination to be completed at a minimum.*	
Date of last farrier visit:	
Medical History	
Surgical procedures *If yes, please provide details and dates of surgery and veterinary reports.*	Orthopaedic surgery (bones/joints/tendons etc.): ☐ No ☐ Yes Wind surgery: ☐ No ☐ Yes Colic/abdominal: ☐ No ☐ Yes Other: ☐ No ☐ Yes
Tendon injuries *If yes or suspected, specify which leg, when, etc. and attach imaging/reports.*	Tendon injury: ☐ No ☐ Yes ☐ Suspected Suspensory ligament injury: ☐ No ☐ Yes ☐ Suspected Other ligament injury: ☐ No ☐ Yes ☐ Suspected
Hoof injuries or issues	☐ No ☐ Yes (please specify): ☐ Seedy toe ☐ Cracks ☐ Previous laminitis ☐ Flat Feet ☐ Other (please specify): Corrective Shoeing Required? ☐ No ☐ Yes ☐ Unsure
Dental issues	☐ No ☐ Yes, parrot mouth ☐ Yes, other (please specify):
Known arthritis or degenerative joint disease	☐ No ☐ Yes (please specify): Which leg/joint(s): _____ Confirmed by x-rays? ☐ No ☐ Yes (attach x rays) Has surgery been performed? ☐ No ☐ Yes Has it been medicated? ☐ No ☐ Yes
Known respiratory/wind problems	☐ No ☐ Yes, roarer ☐ Yes, EIPH ☐ Yes, other (please specify): Surgical intervention? ☐ No ☐ Yes (attach report)
Gastric ulcers	☐ No ☐ Yes, in the past (treated) ☐ Yes, likely
Skin conditions	☐ No ☐ Yes (please specify):
Adverse Drug Reactions	☐ No ☐ Yes (please specify):
Scars or wounds	☐ No ☐ Minor/healed ☐ Yes, recent (please specify):
Significant conformation issues *E.g. club foot, sway back, roach back, angular limb*	☐ No ☐ Yes (please specify):
Any other relevant health or wellbeing 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

Known vices	
Windsucking/Cribbing	☐ No, never ☐ Yes, regularly ☐ Yes, stabled only ☐ Yes, other:
Weaving	☐ No, never ☐ Yes, regularly ☐ Sometimes, when?
Fence walker	☐ No, never ☐ Yes, regularly ☐ Sometimes, when?
Biting	☐ No, never ☐ Yes, regularly ☐ Yes, girthing only ☐ Yes, other:
Kicking	☐ No, never ☐ Yes, regularly ☐ Sometimes, when?
Striking	☐ No, never ☐ Yes, regularly ☐ Sometimes, when?
Rearing – on ground	☐ No, never ☐ Yes, regularly ☐ Sometimes
Rearing – under saddle	☐ No, never ☐ Yes, regularly ☐ Sometimes
Bucking under saddle	☐ No, never ☐ Yes, regularly ☐ Sometimes
Bolting	☐ No, never ☐ Yes, regularly ☐ Sometimes
Spooky	☐ No, never ☐ Yes, regularly ☐ Sometimes
Horse shy	☐ No, never ☐ Yes, regularly ☐ Sometimes, when?

Can the horse be paddocked safely with other horses?	☐ No ☐ Yes ☐ Unsure	
Does the horse tie up safely?	Hard Tie: ☐ No ☐ Yes ☐ Unsure	Cross Tie: ☐ No ☐ Yes ☐ Unsure
Which of the following best describes the horse's temperament?	☐ Highly strung/anxious ☐ Confident ☐ Quiet/relaxed	
How does the horse travel?	☐ Good ☐ Anxious ☐ Very anxious/poorly ☐ Very poor (needs sedation) ☐ Scrambles	
What modes of transport will the horse travel in?	☐ Any ☐ Angle load ☐ Straight load float ☐ Truck ☐ Unsure	
How is the horse for the farrier?	☐ Good ☐ Requires holding ☐ Requires twitch or sedation ☐ Kicks ☐ Pulls back	
Any other comments on the horse's ground manners?		
How is the horse's way of going under saddle?	☐ 'Hot' ☐ Steady ☐ Forward ☐ Somewhat lazy ☐ Not educated to saddle	
Which, if any, of the following ridden activities has the horse undertaken?	☐ Arena work ☐ Pole work ☐ Bush riding ☐ Beach riding ☐ Other (provide details):	

SECTION D - TERMS AND CONDITIONS

Application Approval

- A completed application must be submitted to animalwelfare@rwwa.com.au. Following review of the application, you will be advised in writing of the outcome of your application within 5 business days.
- Acceptance into the program is always at the discretion of RWWA.
- Owners must claim an OTTWA Passport, with the passport number entered on the application.
- RWWA reserves the right to request further information about a horse prior to acceptance.
- RWWA may recommend the horse as likely to be more suitable for an alternative rehoming pathway.

Program Pathways

Subject to application approval:

- All horses will be made available on the *OTTWA Retraining Online Platform* for selection by an OTTWA Network Retrainer (NR).
- Horses which have not been selected by an NR will be eligible for the OTTWA Estate Retraining Pathway (ERP) after a minimum of 30 days and subject to ERP capacity.
- Where the ERP is at capacity, a waitlist will be maintained. Owners may pursue alternative retraining or rehoming opportunities while on the waitlist; however, RWWA must be notified should the horse be rehomed by an alternative pathway.

Ownership

- Acceptance into the OTTWA Retraining Program does not include automatic transfer of ownership. Horses will continue to be managed by their current owner throughout their retraining process, unless mutually agreed by all parties.
  - (i) Horses selected by an NR may have ownership transferred, by mutual agreement, to the NR.
  - (ii) Horses selected by the ERP will not have ownership transferred to RWWA.
  - (iii) Horses that have previously been transferred from the last owner/ownership group to a third party (other than the last trainer) are not eligible for the OTTWA Retraining Program.
  - (iv) The last owner/ownership group, or the person in control of the horse at the relevant time, must meet all obligations for the management of retirement as per the Rules of Racing Local Rule of Retirement LR313 (Thoroughbred) or LR96B (Harness).

General OTTWA Retraining Program T&C's

To be eligible for acceptance into the OTTWA Retraining Program, horses must:

- Have been foaled in WA or domiciled under the care of a licensed WA trainer in the last 12 months.
- Raced, trialled, or been in race work with a registered WA trainer in the last 12 months.
- Be deregistered for racing.
- Be sound, with a veterinary certificate and declaration of suitability for the OTTWA Retraining Program provided at the expense of last managing owner(s) (as per the application process).
- Have had, as a minimum, basic groundwork and handling, if the horse has not commenced race preparation at all.
- Be of suitable temperament for education and training for equestrian activities.
- Be in good condition (minimum Body Condition Score (BCS) 2 out of 5), 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 unshod.
- Have no untreated or unresolved medical or musculoskeletal conditions (unless certified by veterinarian).
- 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 weeks prior to entering the OTTWA Retraining Program.

Horses which will **not** be considered for acceptance into the OTTWA 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 industry into a home within the equestrian community.
- Horses which have been identified as having particularly challenging behaviours, and which most competent retrainers would find difficult to manage.

Upon acceptance into the OTTWA Retraining Program:

- No payment will be made by RWWA/NR to owners or trainers for horses entering the OTTWA Retraining Program.
- All relevant retirement from racing information 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 ownership group at their expense.
- Any decisions made by RWWA about the eligibility of a horse for the OTTWA Retraining Program will be at RWWA's discretion and will be final.

SECTION E - TRAINER/OWNER DECLARATION

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 regard to any known health, injury or temperament issues that the horse may have.

I 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.

I agree that ownership of the horse will remain with the last managing owner/ownership group unless otherwise agreed with the OTTWA Network Retrainer.

I understand the OTTWA Network Retrainer or RWWA representative for OTTWA ERP will provide notification regarding any health issues or training challenges for my horse in a timely manner. It will be my responsibility to determine the outcome for the horse, based on the information provided.

I acknowledge that if my horse is unable to be successfully retrained and/or rehomed within a reasonable timeframe (and subject to any agreement in place), I will arrange for the horse to be collected from the OTTWA Retraining Program at the expense of the ownership group.

Name			
Address			
Contact Number			
Signature		**Date**	

Please return application with:

- ☐ Completed Application Form with relevant signature provided
- ☐ Veterinary Certificate and Declaration of suitability for the OTTWA Retraining Program (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

Completed applications should be submitted to 'Off the Track WA Retraining Program' by

- email: animalwelfare@rwwa.com.au
  or
- post: 14 Hasler Road, Osborne Park WA 6017.

For any questions regarding the application or the OTTWA Retraining Program, please contact animalwelfare@rwwa.com.au or (08) 9445 5548.

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 *Sire/Dam if unnamed*				
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. If yes, please provide details in the general comments at the bottom of the form.

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

HOOF EXAMINATION (If yes, please specify details as provided)					
Shod	☐ N ☐ Y - ☐ Full set	☐ Fronts only	☐ Hinds only		
Flat/Collapsed Heel	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
Box/Club Foot	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
Wall Quality	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
Hoof Crack	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
Frog and Sole	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
Hoof Tester Reaction	☐ N ☐ Y - ☐ Near Fore	☐ Off Fore	☐ Near Hind	☐ Off Hind	
MEDICATIONS					
Has the horse received any medication(s) in the 30 days prior to examination?	☐ N ☐ Y (please specify):				
GENERAL COMMENTS (expand on exam findings)					
Temperament at time of examination: ☐ Tractable ☐ Intractable					
Comments:					
Horse examined in hand at: ☐ Walk ☐ Trot ☐ Backing ☐ Lunged					
Flexion test results (required)**:** ☐+ ☐- Near Fore ☐+ ☐- Off Fore ☐+ ☐- Near Hind ☐+ ☐-Off Hind					
Where "+" selected, include details (if not performed, indicate reason why):					
Any further comments on soundness:					
Any further comments on general examination:					

VETERINARIAN'S DECLARATION

The Off the Track WA Retraining Program trains and educates 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 temperament.

The horse I have examined, as presented on _____/_____/_____, is in my opinion ☐ SUITABLE / ☐ NOT SUITABLE for **immediate acceptance** into the Off the Track WA Retraining Program.

(If considered suitable for the program at a later date, please specify reason):

Clinic		**Name**			
Contact number		**Signature**		**Date**	