

NEW JERSEY RACING COMMISSION

EQUINE FATALITY REPORT

Pursuant to N.J.A.C. 13:70-14.16 (Thoroughbred) and N.J.A.C. 13:71-20.24 (Harness), the TRAINER of the deceased horse shall file this report with the Presiding Steward, Presiding Judge or Chief State Veterinarian **within 48 hours** after the horse's death. THE TRAINER SHALL ENSURE THAT: 1) Both sides of this report are filled out legibly and completely; 2) All required veterinary treatment records are filed with the Presiding Steward or Presiding Judge **within 48 hours** of the horse's death; and 3) The horse's attending veterinarian and owner have completed their portions of this report legibly and completely and signed it.

TO BE COMPLETED BY THE TRAINER: Thoroughbred Standardbred

Name of Horse: _____ Age: _____ Sex : _____ Color: _____

Microchip, Freeze Brand or Tattoo Number: _____ Other identification: _____

Trainer: _____ Owner: _____

Owner: _____ Owner: _____

Date & time of death: _____ Location Death Occurred: _____

If death occurred at location other than main track, specify exact location, including barn and stall.

Upon the death of a horse at the racetrack during racing, training or warming up or within one hour after such activities, THE TRAINER SHALL GIVE VERBAL NOTICE of the horse's death to the Presiding Steward, Presiding Judge or a NJRC veterinarian **within one hour** after the horse's death.

Verbal notice given to _____ Date & time of verbal notice _____

Is a post-mortem necropsy being conducted? Yes No

Upon the death of a horse at the racetrack during racing, training or warming up or within one hour after such activities, the remains of the horse shall not be removed without the written consent of the Presiding Steward, Presiding Judge, Chief State Veterinarian or their designee.

Consent obtained from _____ Date & time of consent _____

Carcass removed from _____ and taken to _____

Carcass removed by _____ Date & time of removal _____

Have the required veterinarian treatment records been submitted? Yes No

Records submitted to _____ Date & time submitted _____

TRAINER:

I certify that the foregoing statements made by me are true. I am aware that if statements made by me are willfully false, I am subject to punishment as provided in the NJRC's rules.

Trainer's Signature: _____ **Date:** _____

VETERINARIAN: (To be completed by the attending veterinarian)

Cause of Death: _____

Date & Time of Death: _____ Location Death Occurred: _____

Cause of death related to horse's involvement in: Racing Training Neither racing or training

The attending veterinarian shall submit treatment records describing all veterinarian treatments administered to the horse within the 30-day period preceding the horse's death. The treatment records shall be submitted to the Presiding Steward or Presiding Judge **within 48 hours** of the time of death. Failure to submit these records may result in the immediate suspension of the trainer and/or attending veterinarian.

Have veterinarian treatment records for the horse been submitted? Yes No

Records submitted to _____ Date & time submitted _____

Name of attending veterinarian: _____ Telephone no.: _____

Address of attending veterinarian: _____

I certify that the foregoing statements made by me are true. I am aware that if any statements made by me are willfully false, I am subject to punishment as provided in the NJRC's rules.

Veterinarian's Signature: _____ **Date:** _____

OWNER: (To be completed by horse's owner)

Was the horse insured at the time of death? Yes No If insured, complete the following:

Name of Carrier: _____ Policy no. _____

Amount of Insurance: _____ Date of Policy _____

Name & Address of Previous Owner: _____

Date of Purchase: _____ Purchase Price: _____

Upon NJRC request, owner must produce fiscal records related to purchase within 48 hours.

Name of owner: _____ Telephone no. _____

Address of owner: _____

I certify that the foregoing statements made by me are true. I am aware that if any statements made by me are willfully false, I am subject to punishment as provided in the NJRC's rules.

Owner's signature: _____ **Date:** _____

TO BE COMPLETED BY NJRC:

Report received by _____ **Date & time received** _____

[NJRC employee]