



Standard Form for Evidence to support a Equipment Code 3 Paragraph 16.1 Application - Shoeing Dispensation

This Application Form must be submitted **by 12pm four working days before the date of the intended run**. Applications made after this deadline will not be considered.

Applications should be sent via email to: **administrativecontrols@britishhorseracing.com**

Or by post to:
BHA Stewarding Team Coordinator
Holborn Gate
26 Southampton Buildings
London
WC2A 1AN

In the event that further investigation is required, the trainer must be prepared to make themselves available to discuss the application with the Authority via telephone.

The decision will be communicated by the Authority to the trainer only.
A failed application does not prevent a trainer from submitting another application in relation to the same horse at a later date.

1. Fill out the required details on page 2:

- a. These sections must be completed in full and be dated and signed by the licensed trainer or his representative.
- b. Owners are not entitled to make applications on behalf of their trainers.
- c. In the event that further investigation is required, the trainer must be prepared to make himself/herself available to discuss the application with the Authority via telephone.

2. Attach Veterinary Evidence to this application on page 3:

- a. If application is submitted by post, please attach the written evidence to the back of this form.
- b. If application is submitted via email, please attach a scanned copy of the evidence as a separate file entitled "Supporting Evidence – [insert horse's name]".

Requirements for Supporting Evidence:

- The **evidence must be obtained within two weeks of an application** being submitted to the Authority to be considered valid.
- The evidence must be submitted following either template A or B on page 3.
- Where sedation has been used, it must clearly include the type of sedation used and the date of administration.
- The evidence must be in writing.
- The evidence must be dated and signed by the relevant Veterinarian or other professional.
- The **contact details of the Veterinarian** (or other professional) must be clearly displayed on the written evidence.

These sections must be completed in full, and be dated and signed by the licensed trainer or his representative



Shoe dispensation application form
(To be completed by trainer or their representative)

Horse: _____

Horse age: _____

Colt/Gelding/Mare (delete as appropriate)

Trainer: _____

Contact details: _____
(To include a telephone number)

Owner: _____

Contact details: _____

Brief summary of why the horse cannot run fully shod:

Declaration

I, the trainer/the trainer's authorised representative (delete as appropriate), declare that the facts stated in this application form are true.

Signature:

Printed name: _____

Role (if trainer representative): _____

Date: _____



Veterinary Certificate in support of a shoe dispensation
(To be completed by Veterinary Surgeon)

Horse: _____

Microchip number: _____

Name of Trainer: _____

Location of Examination: _____

Please select Section A or B:

A

I have examined the above identified horse on (date).
I sedated the horse for shoeing with
..... (medication).
I observed that, even with sedation, the horse was too fractious and/or dangerous to shoe
behind/at all.

B

I have examined the above identified horse on (date).
In my opinion, the following injury/condition is a consequence of being shod behind/in front/on all
four feet:

.....
.....
.....
.....
.....

Name of Veterinary Surgeon: _____

Signature of Veterinary Surgeon: _____

Contact Telephone Number: _____

Stamp of Veterinary Surgeon: