

# GULFSTREAM PARK THOROUGHBRED TRANSITION PROGRAM

## 1<sup>ST</sup> Racing- Intake Form

Gulfstream Park Race Track  
901 South Federal Highway  
Hallandale, Florida 33009  
Contact: Raina Gunderson  
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Raina.gunderson@gulfstreampark.com



HORSE INFORMATION					
Name of Horse:	Sire:	Dam:	Year of Birth:	<input type="checkbox"/> Colt <input type="checkbox"/> Ridgling <input type="checkbox"/> Filly <input type="checkbox"/> Gelding	
Color:	Height:	Tattoo:	Cribber? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Race?	Track:
Registration:			Microchip:		
OWNER / TRAINER INFORMATION					
Owner Name:					
Street Address:		City:		State:	Zip Code:
Phone Number:			Email Address:		
Trainer Name:			Breeder:		
Street Address:		City:		State:	Zip Code:
Phone Number:			Email Address:		

Do you wish to make a donation to accompany your horse? (Recommended)  Yes  No Amount: \$ \_\_\_\_\_

REASON FOR RETIREMENT		
Include comments and warnings. Personality, manners, vices, x-rays, coggins, etc.		
Past Injuries:		
Vaccinations:	Worming:	Teeth:

By delivering your horse to Gulfstream Park Thoroughbred Transition Program, you agree to transfer complete ownership of the donated horse to: \_\_\_\_\_ Liability and Risk of Loss and expenses for care of the horse remain with donor until the horse leave the grounds to go to the assignee. By signing below, I affirm I have the authority to donate this horse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_