

## GALLOPING OUT ADMISSION

The ITHA has developed a plan to assist in the orderly and proper retiring of Chicago based Thoroughbred race horses.

EVERYONE SHOULD UNDERSTAND THAT IT IS FUNDAMENTALLY THE RESPONSIBILITY AND OBLIGATION OF THE HORSES' OWNERS TO ARRANGE AND PAY FOR THE RETIRING OF THEIR OWN HORSES. THIS PLAN IS MEANT TO SUPPLEMENT AND FACILITATE THAT PHASE OF EACH HORSE'S CARE.

### Eligibility

Not all horses are eligible for the program.

- The horse is determined by the board to be a Chicago based horse
- The horse will be, or be able to get sound enough to be retrained

The determination of eligibility rests solely with the Galloping Out Board of Directors and its decision is final

### Process Steps

1. The process is initiated by the current owner or trainer petitioning Galloping Out to have the horse enter the program. Applications are available online and in the ITHA office.
2. A completed veterinary evaluation shall accompany the application.
3. If accepted, the owner or trainer will surrender the horse's foal papers to the Galloping Out Committee. If there are no foal papers, the horse is not eligible.
4. Upon acceptance, transportation arrangements will be made to move the horse to an approved Galloping Out farm.
5. Galloping Out requires a predetermined donation along with acceptance into the program.



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

### Horse Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (no intact males)

Tattoo Number: \_\_\_\_\_ Color: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Trainer: \_\_\_\_\_

Trainer's Phone Number: \_\_\_\_\_

Date of last race: \_\_\_\_\_ Track: \_\_\_\_\_

Date of last workout: \_\_\_\_\_ Track \_\_\_\_\_

### Veterinary Information

Name: \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

Date of last Worming: \_\_\_\_\_ Date of last dental work: \_\_\_\_\_

Vaccinations and date: \_\_\_\_\_

Reason for retirement/Bad Vices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fill in the amount you wish to donate to Galloping Out. \$\_\_\_\_\_. Thank you.



**Veterinary Report**

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

Vet Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

Prognosis for return to soundness: \_\_\_\_\_

Stall Rest: \_\_\_\_\_ Hand Walk: \_\_\_\_\_

Round Pen: \_\_\_\_\_ Turn Out: \_\_\_\_\_

Rideable: \_\_\_\_\_

Medications: \_\_\_\_\_

Follow up exam: \_\_\_\_\_

X-Rays: \_\_\_\_\_ Ultra Sound: \_\_\_\_\_

Remove Stitches: \_\_\_\_\_ Re-Cast: \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Vet Signature