

(HARNESS)

STABLE RETURN GEAR FORM

HORSE NAME: _____

DATE: _____

THIS FORM MUST BE FULLY COMPLETED AND LODGED AT LEAST 48 HOURS PRIOR TO NOMINATION OF HORSE FOR A RACE OR TRIAL

GEAR: TICK APPROPRIATE BOXES

<input type="checkbox"/> Anti Choking Device	<input type="checkbox"/> Scalping	Headcheck	<input type="checkbox"/> Shadow Roll
<input type="checkbox"/> Bandages	<input type="checkbox"/> Bumper	<input type="checkbox"/> None	<input type="checkbox"/> Shaft Extensions
Bits	<input type="checkbox"/> Pastern	<input type="checkbox"/> Fixed	<input type="checkbox"/> Shaft Spreaders
<input type="checkbox"/> Headcheck	<input type="checkbox"/> Bucking Strap	<input type="checkbox"/> Running	Shoes
<input type="checkbox"/> Snaffle	Burr	<input type="checkbox"/> Release Pin	<input type="checkbox"/> None
<input type="checkbox"/> Straight	<input type="checkbox"/> Bit N/S	Hopples	<input type="checkbox"/> Front
<input type="checkbox"/> Rubber	<input type="checkbox"/> Bit O/S	<input type="checkbox"/> Round	<input type="checkbox"/> Hind
<input type="checkbox"/> Pulling	<input type="checkbox"/> Pole N/S	<input type="checkbox"/> Flat	<input type="checkbox"/> Pads
<input type="checkbox"/> Lugging	<input type="checkbox"/> Pole O/S	<input type="checkbox"/> Half	<input type="checkbox"/> Special
<input type="checkbox"/> Extension	<input type="checkbox"/> Rein N/S	<input type="checkbox"/> Bloomers Leather	Spreaders
<input type="checkbox"/> Slipmouth	<input type="checkbox"/> Rein O/S	<input type="checkbox"/> Bloomers Sheepskin	<input type="checkbox"/> Conventional
<input type="checkbox"/> Lip Cord/Strap	Cheekers	Shorteners	<input type="checkbox"/> Elastic
<input type="checkbox"/> Other	<input type="checkbox"/> Sheepskin	<input type="checkbox"/> Elastic	<input type="checkbox"/> Menzel
Blinkers	<input type="checkbox"/> Brush	<input type="checkbox"/> Cord - Pin	<input type="checkbox"/> Guiders
<input type="checkbox"/> Open Bridle	<input type="checkbox"/> Other	<input type="checkbox"/> Kicking Strap	<input type="checkbox"/> Stallion Support
<input type="checkbox"/> Dolly Varden	<input type="checkbox"/> Chin Rest	<input type="checkbox"/> Lugging Pole N/S	<input type="checkbox"/> Tail Tie
<input type="checkbox"/> Block	<input type="checkbox"/> Crupper	<input type="checkbox"/> Lugging Pole O/S	<input type="checkbox"/> Toe Weights
<input type="checkbox"/> European	Deafeners	<input type="checkbox"/> Muzzle	Tongue Tie
<input type="checkbox"/> Telescopic	<input type="checkbox"/> Fixed	<input type="checkbox"/> Neck Strap	<input type="checkbox"/> Visible
<input type="checkbox"/> Hood	<input type="checkbox"/> Hood	Nose Band	<input type="checkbox"/> W Bit
<input type="checkbox"/> Pelling Pacifiers	<input type="checkbox"/> Removable	<input type="checkbox"/> Conventional	<input type="checkbox"/> Undercheck
<input type="checkbox"/> Mesh Goggles	<input type="checkbox"/> Plugs	<input type="checkbox"/> Drop	<input type="checkbox"/> Wind Sucking Device
<input type="checkbox"/> N/S Murphy Blind	<input type="checkbox"/> False Shaft N/S	<input type="checkbox"/> Figure 8	<input type="checkbox"/> Other Gear (Specify)
<input type="checkbox"/> O/S Murphy Blind	<input type="checkbox"/> False Shaft O/S	<input type="checkbox"/> Nose Veil" Hopple Length
<input type="checkbox"/> Spring Loaded	<input type="checkbox"/> Gaiting Strap N/S	Reins	
Boots	<input type="checkbox"/> Gaiting Strap O/S	<input type="checkbox"/> Pulling	
<input type="checkbox"/> Bell		<input type="checkbox"/> Rings	Horse Gelded Date: _____
<input type="checkbox"/> Knee		<input type="checkbox"/> Bar	Horse Died Date: _____
<input type="checkbox"/> Shin/Tendon		<input type="checkbox"/> Rogues Hood	