



Change of Residency

FOR OFFICE USE ONLY

DATE _____

Processed By _____

This form is to be used if your horse(s) are moved to new location.

State Form 773; 9/84/35+

The following horse(s) have been moved to a new location:

HORSE NAME	MARE	FOAL	STALLION	BREED TYPE (SB, TB, QH):
Example: Secretariat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TB
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OLD LOCATION:

FARM NAME (or "Last Name, First Name" of Residence Owner): _____

ADDRESS: _____ CITY: _____

STATE: INDIANA ZIP CODE: _____ VGNGPHONE NUMBER: _____

NEW LOCATION:

FARM NAME (or "Last Name, First Name" of Residence Owner): _____

ADDRESS: _____ CITY: _____

STATE: INDIANA ZIP CODE: _____ VGNGPHONE NUMBER: _____

DIRECTIONS TO NEW LOCATION: _____

"Please Return this form to the Indiana Horse Racing Commission by either Fax or Mail:

"Indiana Horse Racing Commission

"1302 N. Meridian Street, Suite 175

"Indianapolis, IN 46202

"Fax (317) 233-4470

Vgng phone (317) 233-3119