



**ALBERTA STANDARDBRED HORSE ASSOCIATION**

#207 - 151 East Lake Blvd. ~ Airdrie, AB. ~ T4A 2G1  
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Horse  
Population  
Initiative

In claiming a horse enrolled in the Horse Racing Alberta (HRA) and the Alberta Standardbred Horse Association (the A.S.H.A.) Horse Population Initiative (H.P.I.), I/we (the claimants):

\_\_\_\_\_  
*claimant(s)*

accept all other terms and conditions relating to the program, which may be amended from time to time, including but not limited to public disclosure by HRA and or the A.S.H.A.

1. The horse enrolled in the H.P.I. program, claimed by me/us **MUST** remain in the province of Alberta for twelve (12) calendar months from date of approved purchase, by the applicant.
2. Horses Enrolled in the HPI program available from the ASHA office.
3. If, prior to the program being completed, the horse must be euthanized, a veterinarian certificate may be required.
4. When claiming a horse in the H.P.I. program, I agree and understand that the original purchaser will continue to be paid all approved recovery expenses as noted above.
5. I/we agree and understand that the horse must race in Alberta for the duration of the program (remaining time), and I/we am/are aware of the conditions.
6. If, within twelve (12) calendar months from approval/purchase date, the horse must be euthanized, a veterinarian certificate may be required. At this time the A.S.H.A. Initiative Committee will review the agreement.
7. Should the claimant need to sell the horse for
  - a) any other purpose other than racing (a veterinarian has decided the horse cannot continue to race, for the best interest of the horse)
  - b) the claimant can no longer care for the horse due to extenuating circumstances and wants to sell the horse for racing purposes.

all sales, prior to the completion of the agreement, (other than a claim) **MUST** be approved by the A.S.H.A. Initiative Committee. A full list of enrolled horse is available through the A.S.H.A.

\_\_\_\_\_  
*Claimant (Print Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Claimant (Signature)*

\_\_\_\_\_  
*Horsemen's Bookkeeper (Print Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Signature)*