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 55197 (2-13)

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

HORSE NAME	MARE	FOAL	STALLION	BREED TYPE (SB, TB, QH):
Example: Secretariat	☐	☐	☒	TB
1.	☐	☐	☐	
2.	☐	☐	☐	
3.	☐	☐	☐	
4.	☐	☐	☐	
5.	☐	☐	☐	
6.	☐	☐	☐	
7.	☐	☐	☐	
8.	☐	☐	☐	
9.	☐	☐	☐	
10.	☐	☐	☐	

OLD LOCATION:

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

ADDRESS:_____**CITY:**_____

STATE: INDIANA **ZIP CODE:**_____**TELEPHONE NUMBER:** _____

NEW LOCATION:

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

ADDRESS:_____**CITY:**_____

STATE: INDIANA **ZIP CODE:**_____**TELEPHONE 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

Telephone (317) 233-3119