



**State of Oklahoma
Oklahoma Horse Racing Commission**

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NON-PROFIT ENTITY'S MONTHLY REPORT CARE OF RETIRED TB RACEHORSE

_____ Month _____ YEAR

ENTITY NAME: _____ TAX ID# _____

ADDRESS: _____ CITY _____ ZIP _____

MANAGER NAME: _____

PLEASE ANSWER QUESTIONS 1-4 FOR THE MONTH

1. TOTAL NUMBER OF HORSES BEING CARED FOR AT THE FACILITY: _____.

2. TOTAL NUMBER OF HORSES SUBCONTRACTED: _____.

3. HOW MANY ARE OKLAHOMA BRED: _____.

4. HORSE MORTALITY RATE: _____.

5. NUMBER OF ADOPTIONS: _____.

6. COMMENTS: _____

SIGNATURE:

DATE:

SUBCONTRACTOR: _____

ADDRESS: _____

PHONE NUMBER: _____

FILL AND RETURN TO THE: OHRC