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Level 1, 400 Epsom Road, Flemington Vic 3031, Australia

Tel: +613 9227 3000 Fax: +61 3 9227 3030

Email: hra@hra.com.au

www.harness.org.au

Harness Racing Australia INC ABN 19 877 460 923

STALLION REGISTRATION APPLICATION 2025/2026 BREEDING SEASON

FORM R274B-2

| | Application to | be completed by 31/1 | 10/2025 (lat | e fees apply) | | | | | | |
|---|--|---|---|----------------------------|----------------------|--|--|--|--|--|
| NE | W ZEALAND [| OOMICILED and OT | HER - STA | LLION DETAILS | | | | | | |
| Please check the | | ptions below and con | | | ed or Other | | | | | |
| Australian Domiciled | If the Stallion is Australian Domiciled, please complete Form R274B-1 It is intended that the Stallion will be present in Australia for no less than 240 days in aggregate during the relevant breeding season. | | | | | | | | | |
| NZ Domiciled | It is intended that the Stallion will be present in New Zealand for no less than 240 days in aggregate during the relevant breeding season. | | | | | | | | | |
| Other | All other Stallions. | | | | | | | | | |
| Australian Domiciled | New Zealand Domiciled Other | | | | | | | | | |
| NOTE: If there is a change of Registration, in writing at tha | | tallion during the breeding | g season, ther | e is a duty for you to a | dvise HRA – Stallion | | | | | |
| Stallion Name: | | | | | | | | | | |
| Breeding: | Sire | | Dam | | | | | | | |
| Foal Date: | | | Colour | | Sex | | | | | |
| Tattoo / Freezebrand: | | | Microchip | | | | | | | |
| Country of Birth: | | | Gait | Pacer O | Trotter | | | | | |
| Best Winning Time or Time | e Trial Performar | nce: | | | | | | | | |
| DNA Verified: | No O | If NO - Contact HRA. Stallion to be DNA verified at owner's cost. | Yes O | Country DNA Tested: | | | | | | |
| Is Stallion Deceased: | No O | | Yes 🔘 | Date: | | | | | | |
| If Yes: | Country of Death: | | If not previously notified, please complete death notification on Form R25-A | | | | | | | |
| Has Stallion Been Gelded? | No O | | Yes 🔾 | Date: | | | | | | |
| Will the Stallion be registe | ered in another S | tud Book after 1 Septe | mber 2024? | If YES, please advise the | Country: | | | | | |
| | No O | Υ | es Country | | | | | | | |
| Will the Stallion visit a coul If YES, please advise the G (you may need to request | Country and attach a | copy of the Stallion's Import | | ort for entry into Austral | lia | | | | | |
| | No 🔘 | Υ | es Country | | | | | | | |
| Service Type | Hand | 0 | Al Fresh | 0 | Al Frozen | | | | | |
| (can be more than one) | Paddock | 0 | AI Chilled | | Semen Transport | | | | | |
| Nominate State for purpose of Futurity or Breeding Schemes | State (can only be one) | | If State is Victoria, please include Name of Nominator: | | | | | | | |
| Total Service Cost AUD\$ | \$ | to the supplier of the service or procedure, but excluding: (i) GST | rvice or procedure includes all fees, expenses or charges of any kind, payable r procedure, or any associate of such supplier, in relation to such service or ST; (ii) Transport Costs; (iii) Agistment Costs; and (iv) Technician Fee. | | | | | | | |

relevant State Controlling Body. Form R274B-2 Stallion Registration Form - NZ Domiciled and Other

| NEW ZEALAND DOMICIL | ED and OTHER | STALLIONS | | | | |
|--|-------------------------|--|---------------------|---------------------------------|----------------|--------------|
| PRINCIPAL STALLION | Business Name | (if applicable) | | | | |
| OWNER | First Name | | Last Name | | | |
| | Postal Address | | | | | |
| | | | | | | |
| | Suburb | | State | | Country | |
| | Phone | | Email | | Mobile | |
| Stud Semen Collected From | m | | | | | |
| Stud Name | | | | | | |
| Street Address | | | | | | |
| | | | State | | Country | |
| Semen Collected By | First Name | | Surname | | | |
| Amount Imported | Straws | | Doses | | | |
| Exporter of Semen | First Name | | C | | | |
| Name | First Name | | Surname | | | |
| Postal Address | | | State | | Country | |
| | Email | | Mobile | | Phone | |
| Exporter Details | Agent | | Stud | | riione | |
| Importer of Semen | Agent | | Stud | | | |
| Name | First Name | | Surname | | | |
| Postal Address | Thist ivanic | | Samanie | | | |
| | | | | | | |
| | | | State | | Country | |
| | Email | | Mobile | | Phone | |
| Semen State | | | Semen Type | Chilled | Frozen | |
| AQIS Permit Details | | | | Ø | (please att | tach a copy) |
| BREEDING RIGHTS | | | | | | |
| Is there a breeding rights I | etter of authorit | y to distribute semen ir | Australia? | If YES, please attach a co | ру. | 0 |
| | Yes (| | No O | | | |
| Are there any other Autho | orised Agents for | this Stallion for the bre | eding seasor | 1? If YES, provide details | s: | |
| , | Yes O | | No O | | | |
| First Name | 163 | | Last Name | | | |
| Email | | Mobile | Last Name | Phone | | |
| | be required to comp | plete a Mares Insemination Fo | orm and Stallion | | pril 2026 | |
| PAYMENT OPTIONS and A | | | | , | | |
| I hereby give HRA authorit | | ment of \$575 inc GST | | | | |
| Payment Method: | Visa (| Master Card | | Direct Credit | | |
| Credit Card Number: | 1.53 | | | CCV: | | |
| Name on Card: | | | | Expiry Date: | | |
| Direct Credit can be made | to Harness Racing | Σ Δustralia: | BSB: 633 000 | | S8 668 | |
| | to Harriess Nacing | | | | | |
| Date direct credit made: | | | | me in the details area if ι | ising this pay | ment method |
| NEW ZEALAND DOMICILED | | | | | | |
| Please note: An Application to Im | | · | | _ | - | |
| I hereby declare that I have the authori declare I have read and agree to pay all Fi that the above information is true and co | ees when due and comply | with the HRA Artificial Breeding Rules | Australian Trotting | Stud Book Regulations and Austi | | |
| Name: | | | | | | |
| Signature: | | | | Date: | | |
| | | | | | | - |