

AMERICAN MULE RACING ASSOCIATION AGE VERIFICATION FORM

I hereby certify that I am a veterinarian, licensed to practice in the

State of _____ and that I have mouthed

_____, _____,
(name of mule) (tattoo number)

for age verification.

To the best of my knowledge, this mule is _____ years of age.

Date: _____

Signature of veterinarian: _____

(Please return this form to AMRA prior to the mule's first three-year old race. It is the owner's responsibility to see that this form is completed and returned in a timely manner, or the mule will not run. There will be no exceptions per vote of the membership. Thank you.)

Please mail to: 1600 Exposition Blvd.
Sacramento, CA 95815

Or E-mail to: kphariss@calexpo.com