



American

Mule

Racing

Association

P.O. Box 660651

Sacramento, CA

95866

(916) 263-1529

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 the 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.)