BYLAW OR RULE CHANGE PROPOSAL FORM
PALOMINO HORSE BREEDERS OF AMERICA
15253 E. Skelly Dr., Tulsa, OK 74116-2637*USA*(918)438-1234*Fax (918)438-1232
www.palominohba.com

USE TO SUBMIT A BYLAW OR RULE CHANGE PROPOSAL (MUST BE POSTMARKED 120 DAYS PRIOR TO CONVENTION FORMS CAN BE MAILED TO THE PHBA OFFICE, EMAILED TO shirley@palominohba.com, OR FAXED TO (918)438-1232
A rule or regulation is not subject to amendment by change, addition or repeal until it has been in force for at least two calendar years. Such limitation may be waived by the PHBA Executive Board upon finding extraordinary circumstances: A. Concerns the safety, health or well being of a horse and/or rider; B. Materially benefits PHBA's programs or it's financial stability; or C. Involves other compelling circumstances.
The PHBA President will assign proposed bylaw or rule changes to specific committees for their recommendations. Some committees may be asked to review a proposed rule change and report their recommendations to another committee that ultimately reports to the Board of Directors. Committee Chairs will need to coordinate that input. Committees are free to discuss other proposed rule changes but the assigned committee's recommendation is that which will be used during voting at the Board of Directors' meeting.
Instructions for writing a proposed rule change:
- Define the problem and develop as many positive solutions as possible.
- Determine if any other rules would be affected if your proposal were to be adopted and specify the rule numbers.
- Submit proper wording for a proposed rule change by typing or neatly printing the exact wording being proposed. If you propose changes to existing language, strike through the words you propose to delete. Type in bold and italics the words you wish to add
- Determine the financial impact (both income and expense) your proposal could have on PHBA.
- You must get signature of three (3) PHBA members who support this proposal.

1. PROPOSED CHANGE (select one):
ADD NEW RULE
2. PROPOSED EFFECTIVE DATE: January 1, 2028
3. Is this proposal changing a rule that was implemented within the last two years? NO
(Refer to PHBA Rule 33, page 13 of 2026/2027 Handbook)
4. If adding a new rule or changing an existing rule, write rule as it should appear in the Handbook: (use attachment if needed)

2521 EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT)
No horse may be treated with Extracorporeal Shockwave Therapy (ESWT) within the twenty-four (24) hours prior to competition with the following requirements:
ESWT must be administered by licensed veterinarian within such state or with a written prescription by a licensed veterinarian that has a valid Client-Patient-Veterinarian relationship.
PHBA Medication Report Form must be filed within one hour of administration on each case
A log must be kept by the administering party documenting date, total number of shocks per anatomical region and the horse's registered name and number.
ESWT application to the back and dorsal pelvis area may be administered by licensed veterinarian within such state or with a written prescription by a licensed veterinarian that has a valid Client-Patient-Veterinarian relationship within the twenty-four (24) hour prohibited period, but no closer than twelve (12) hours prior to competing. If sedation is required, it must be administered twenty-four (24) hours prior to competition by a licensed veterinarian and will be considered therapeutic and a Medication Report Form (MRF) must be filed

5. Justification for change and impact if not passed: (use attachment if needed)
Equine Industry Standard
6. How will this rule change affect PHBA financially if adopted:
No financial impact
7. Estimated expense to PHBA if rule change is adopted:
No financial impact
8. Contact information of person submitting proposed change:
NAME: Cindy Chilton-Moore PHBA ID# 3541
ADDRESS: 15902 E 520 Rd City Claremore
STATE: OK ZIP: 74019 PHONE NUMBER: (918) 637-1001
EMAIL ropinghorse@aol.com
SIGNATURE: *Cindy Chilton-Moore* Date 11/09/2026
REFERENCES:
1. PRINTED NAME: Harold "Butch" Watson PHBA ID# 33393
SIGNATURE on file
2. PRINTED NAME: Sam Westfall PHBA ID# 47875

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SIGNATURE: emailed
3. PRINTED NAME: Anita Westfall PHBA ID# 47875
SIGNATURE: emailed

THIS FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED; THEY WILL BE RETURNED TO SUBMITTER, NOTING WHAT IS INCOMPLETE. IF TIME ALLOWS BEFORE SUBMISSION DEADLINE, PROPOSAL MAY BE RESUBMITTED WITH CORRECTIONS. NO PROPOSAL WILL BE CONSIDERED IF RECEIVED AFTER DEADLINE.

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