Kentucky Quarter Horse, Paint Horse, Appaloosa, and Arabian Development Fund Mare Registration Form

Submit To:
KENTUCKY HORSE RACING COMMISSION
4063 Iron Works Parkway, Building B | Lexington, KY 40511
Facsimile: 859-246-2887

Shall Also Include:
• Proper Payment in U.S. Funds Only:
  $25 if postmarked by February 15th of the year of conception | $200 if postmarked by June 15th of the year of conception
• A Copy of the Mare’s Official Breed Registration Papers.

EMBRYO TRANSFER? : ☐ YES *If “Yes,” Shall Also Fill Out Back Page* ☐ NO *If “No,” Fill Out This Page Only*

NAME OF BROODMARE OR DONOR MARE: _______________________________ YOB: ________

MARE REGISTRATION #: ___________________________ BRED TO: ___________________________ YOB: ________

MARE OWNED BY: ___________________________

PHONE: ___________________________ EMAIL: ___________________________

ADDRESS: ___________________________ CITY: _______________ ST: ____ ZIP: ____________

BOARDING FARM: ___________________________

PHONE: ___________________________ EMAIL: ___________________________

ADDRESS: ___________________________ CITY: _______________ ST: ____ ZIP: ____________
(Physical Address Only | No PO Boxes)

AFFIDAVIT OF REGISTRATION INFORMATION. I certify that the mare(s) shall reside in the Commonwealth of Kentucky continuously from conception or embryo transfer implantation until foaling and shall meet the requirements set forth in 810 KAR 7:060. I agree to provide any additional information requested by the Kentucky Horse Racing Commission to confirm information submitted on this form and understand that failure to do so may result in denial of the registration. I certify that the information on this form is correct, and I understand that if the information on the form changes I am required to amend the form. I understand that if incorrect, false, or misleading information is provided on this form, then I am subject to all the penalties provided in 810 KAR 7:060 as well as any other penalty available under Kentucky law.

*Mare(s) Must Reside in Kentucky Continuously from Conception or Embryo Transfer Implantation until Foaling *
For more information and applicable requirements, please see 810 KAR 7:060.

SIGNED: ___________________________

(Owner)

Subscribed and sworn to before me this ________ day of __________________, 20 ________

Commission Expires: ________ / ________ / ________

(NOTARY PUBLIC)

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For more information, please visit our website at: http://khrc.ky.gov or call 859-246-2847
Kentucky Quarter Horse, Paint Horse, Appaloosa and Arabian Development Fund
Mare Registration Form

Fill Out Only in the Event of an Embryo Transfer:

Recipient Mare Information:

RECIPIENT MARE: ___________________________ YOB: ______________

RECIPIENT MARE MICROCHIP ID NUMBER: ___________________________

MARE OWNED BY: ________________________________________________

PHONE: ___________________________ EMAIL: ______________________

ADDRESS: ___________________________ CITY: __________ ST: ____ ZIP: __________

(RECIPIENT MARE)
BOARDING FARM: ___________________________

PHONE: ___________________________ EMAIL: ______________________

ADDRESS: ___________________________ CITY: __________ ST: ____ ZIP: __________

(Physical Address Only | No PO Boxes)