

Kentucky Thoroughbred Breeders' Incentive Fund Notice of Withdrawal of Foal

Please print clearly and submit completed form by mail, fax or email to:

Received by: KHRC Staff

KENTUCKY HORSE RACING COMMISSION

4047 Iron Works Pkwy | Lexington, KY 40511 Ph: 859-246-2847 | Fax: 859-246-2887 | Email: kbif.khrc@ky.gov | registerkbif.com

Street		Ci	ty	State Zip
Phone Fax		E-Mail		
NAME OF MARE	MARE'S YEAR OF BIRTH	SIRE OF MARE	COVERING SIRE	DATE MARE WAS OR WIL BE MOVED FROM KY. (MONTH, DATE, YEAR)
FFIDAVIT BY BREEDER OR BR omplete, and I understand that any 30, KAR Title 810, and any other a reeder, may be subject to all appro- nat I will not be eligible to receive a	y material misrepresentation applicable penalty available appriate penalties. I hereby	on or omission in this applicate under Kentucky law. If su certify that I desire to move	ation may subject me to all appli bmitted by an authorized agent, the above mare(s) outside of K	cable penalties under KRS Chapt then the agent, as well as the entucky. By doing so, I understar
QUALIFIED BREEDER OR AU	THORIZED AGENT (p	rint name) Sig	gnature	