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," Sha	all Also Fill Out Back Page*	Back Page* NO *If "No," Fill O	
NAME OF BROODMARE OF	R DONOR MARE:			YOB:
MARE REGISTRATION #:		BRED TO:		YOB:
MARE OWNED BY:				
PHONE:		EMAIL:		
ADDRESS:		CITY:	ST:	ZIP:
BOARDING FARM:				
PHONE:		EMAIL:		
ADDRESS: (Physical Address Only No PO Boxes	5)	CITY:	ST:	ZIP:
from conception or embryo tra provide any additional informa form and understand that fails correct, and I understand that	ansfer implantation ur ation requested by the ure to do so may result : if the information on t information is provide	ify that the mare(s) shall reside in ntil foaling and shall meet the requ e Kentucky Horse Racing Commissi t in denial of the registration. I cer the form changes I am required to ed on this form, then I am subject to cy law.	uirements set forth on to confirm infor tify that the inform o amend the form. I	in 810 KAR 7:060. I agree to mation submitted on this ation on this form is understand that if
	•	uously from Conception or Embryond applicable requirements, please	-	_
	SIGNED	D:		
Subscribed and sworn to befo	re me this	day of	, 20	
Commission Expires: /	/ /			

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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: (Physical Address Only No PO Boxes)	CITY:	ST: ZIP:	