

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

MUST INCLUDE & SUBMIT THE FOLLOWING:

Proper payment in U.S. Funds Only (check or money order)

A Copy of the Mare's Official Breed Registration Papers

\$25
(Late Nomination) \$200

postmarked by February 15th of the year of conception.

postmarked between February 16th and June 15th of the year of conception.

KENTUCKY HORSE RACING COMMISSION

4047 Iron Works Parkway | Lexington, KY 40511

Telephone: (859) 246-2847 | Fax: (859) 246-2887

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

BROODMARE OR DONOR MARE: _____

REGISTRATION #: _____ MICROCHIP #: _____ YOB: _____

BRED TO: _____ YOB: _____

MARE WILL RESIDE AT: _____ PHONE: _____

FARM'S PHYSICAL ADDRESS: _____

(Physical Address Only | No PO Boxes)

CITY: _____ ST: _____ ZIP: _____

KY RESIDENCY: FROM: ____/____/____ TO: ____/____/____ TOTAL DAYS: _____ (A)
(Minimum: 120 Days) (If not consecutive, please provide other date ranges)

NON-KY RESIDENCY: FROM: ____/____/____ TO: ____/____/____ ST: _____ TOTAL DAYS: _____ (B)

OWNER / NOMINATOR: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL: _____

This registration is subject to all applicable statutes, regulations and rules, including KRS Chapter 230 and KAR Title 810. The regulation concerning the Kentucky Quarter Horse, Paint Horse, Appaloosa, and Arabian Development Fund can be found at 810 KAR 7:060.

I certify that a mare, whether a broodmare, donor mare, or recipient mare, shall reside in Kentucky for a period no less than one hundred twenty (120) days from conception or embryo transfer implantation until foaling.

I _____, affirm that the above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial and any and all other penalties available under the law. I understand that failure to meet any requirement contained in 810 KAR 7:060 may subject me to the penalties contained therein and other applicable penalties provided by Kentucky statute or regulation. I agree to promptly provide any additional information requested by the Kentucky Horse Racing Commission relating to the registration. I certify that I will keep accurate and updated records on file for any transactions related to transportation and all invoicing related to a mare's residency so that I will have all documentation readily available to produce at the request of the Kentucky Horse Racing Commission.

If submitted by an authorized agent, then the agent, as well as the mare owner, may be subject to all appropriate penalties. All filings are subject to audit by the commission.

QUALIFIED OWNER, LESSEE OR AUTHORIZED AGENT

(Clearly Print Name)

Signature / Date

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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: _____ CITY: _____ ST: _____ ZIP: _____

(Physical Address Only | No PO Boxes)