

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

Submit To:

KENTUCKY HORSE RACING COMMISSION
4047 Iron Works Parkway | 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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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)