

# Kentucky Quarter Horse Development Fund - Mare Registration Form

## KENTUCKY QUARTER HORSE RACING ASSOCIATION

14892 N. U.S. Hwy. 25, Suite 6-Box 105

Corbin, Kentucky 40701

606-389-8540 · kyqhrafund@gmail.com

### Shall Include the Following:

- ☐ A Copy of the Mare's Official Breed Registration Papers.  
☐ \$50 Postmarked by December 31<sup>st</sup> of the year of conception (*Check or money order in U.S. Funds Only*).

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: 180 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 Development Fund can be found at 810 KAR 7:080.

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 eighty (180) days during the year of conception or embryo transfer implantation.

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 7:080 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 Quarter Horse Racing Association 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 Quarter Horse Racing Association.

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

\*\* A maximum of two (2) ET's, bred to a single stallion, may be done in a single breeding season as determined by the owner of the donor mare.

#### Must Include the Following:

- ☐ A stallion breeding report from the American Quarter Horse Association (AQHA).
- ☐ A copy of the contract between the owner of the donor mare and stallion owner limiting 2 embryo transfers per breeding season

#### Recipient Mare Information:

RECIPIENT MARE: \_\_\_\_\_ YOB: \_\_\_\_\_

RECIPIENT MARE MICROCHIP ID NUMBER: \_\_\_\_\_

BREED TYPE & IDENTIFYING MARKINGS: \_\_\_\_\_

\_\_\_\_\_

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)