



# Kentucky Foaling Verification Form

## Part 1



(to be used for foals of 2009 and later)

**PART 1** of this form must be signed by the veterinarian within 72 hours of a foal's birth in order for KyQHA Breeders' Incentive Fund qualification. **PART 1** should be received in the KyQHA office within 30 days of verification by the veterinarian. All information must be included in order to be considered complete.

I certify that the following foal was born in the state of Kentucky.

Date of Birth: \_\_\_\_\_ Sex of Foal: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Dam: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Location of Foaling:

Ranch/Farm Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

KY License #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

By signing below, you are certifying that you have read the rules of the KyQHA BIF program (found at [www.kyqha.com](http://www.kyqha.com)) and agree to abide by them. Any attempt in connection with the Kentucky Horse Breeders' Incentive Fund to provide false or misleading information to the Kentucky Quarter Horse Association (KyQHA) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KyQHA and the application of all civil and criminal penalties that may apply.

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foal/Farm Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed forms to: KyQHA, PO Box 23917, Lexington, KY 40523-3917**  
**Form may be faxed to (888) 641-3944**



# Horse Registration Form Part 2

(use for foals born in years 2009 and later)



**Part 2** can be submitted with payment at the same time that Part 1 is submitted. If no official AQHA name or registration number has been issued at the time **Part 2** is submitted, under "Horse Information" indicate sex of foal and dam's registered name [example: 2009 Colt out of Jills Country Girl or 2009 Filly out of Dreamer Tyree]. Check all boxes under "Statements of KyQHA BIF Compliance" that apply at the time you submit Part 2. The file on this horse will be considered "Pending" until the Certificate of Registration is received by the KyQHA office.

### Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

### Horse Information:

Name: \_\_\_\_\_ AQHA Reg #: \_\_\_\_\_

### Statements of KyQHA BIF Compliance (please read each statement and check corresponding box)

- I have attached or will submit when received, a copy of Certificate of Registration (NOTE: Application for registration not acceptable)
- This horse was conceived in Kentucky
- The sire of this horse stood in Kentucky during the breeding season in which this horse was conceived
- This horse was foaled in Kentucky
- This horse is enrolled in the AQHA Incentive Fund
- Semen was NOT shipped into Kentucky to conceive this horse
- I have read the rules of the KyQHA BIF program (found at [www.kyqha.com](http://www.kyqha.com)) and agree to abide by them. Any attempt in connection with the Kentucky Horse Breeders' Incentive Fund to provide false or misleading information to the Kentucky Quarter Horse Association (KyQHA) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KyQHA and the application of all civil and criminal penalties that may apply.

\_\_\_\_\_  
Signature of Owner/Requestor/Agent

\_\_\_\_\_  
Date

### Fees (Please make check payable to KyQHA):

- KyQHA Member Fee \$50
- Non-member Fee \$100 ([Download Membership Form](#))

OFFICE USE ONLY
Check # _____
Date Processed _____
Processed by _____

Please note: Payment must accompany this form.

Incomplete forms will not be processed. This horse will be "pending" until all information is received.

Pay by Credit Card:  Visa  MC  DISC

Cardholder Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

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**Form with credit card information may be faxed to (888) 641-3944**