



# 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 85, Eastwood, KY 40018-0085  
Fax toll-free to: (888) 641-3944  
Scan and email to: [info2@kyqha.com](mailto:info2@kyqha.com)