



Horse Registration Form Part 2

(use for foals born in years 2009 and later)

Must be received no later than December 31 of foaling year to avoid late fee



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 foaling year, 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
- 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) 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), 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 (can be paid concurrent with submission of this form)
- Non-member Fee \$100 or [\(Download Membership Form\)](#)

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** (a \$3 Convenience fee is added to all credit card transactions)

Cardholder Name: _____ Card #: _____

Exp Date: _____ 3 Digit Code: _____ Cardholder Signature: _____

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