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) 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
[ ] 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) 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)

Please note: Payment must accompany this form. **Pay by Credit Card (+$3 Convenience Fee)**

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

Cardholder Name: ___________________________ Card #: ___________________________
Exp Date: ___________ 3 Digit Code: ___________ Cardholder Signature: _______________________

OFFICE USE ONLY
Check #: _______________________
Date Processed: ______________________
Processed by: ______________________

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