

Ontario Quarter Horse Racing Industry Development Program Application to Accredit an Ontario Broodmare



2019 FOALING YEAR

APPLICATION REQUIREMENTS

- Application to accredit a mare is required for every year of conception. Applications must be received prior to foaling out in Ontario.
- The registered Owner or Lessee of the mare must be enrolled with the Program for the current year, and must hold a valid, current AGCO licence.
- Only the registered Owner or Lessee can apply to have the mare accredited.
- A clean, legible copy of the AQHA CERTIFICATE OF REGISTRATION must be provided with this application.
- If you are the Lessee, you must provide a clean, legible copy of the AQHA LEASE AUTHORIZATION form with this application.
- Thoroughbreds must be registered with the AQHA or have applied for an AQHA number and must provide a clean, legible copy of The Jockey Club or CTHS registration papers (front and back).

FOR OFFICE USE ONLY:						
Date Received:						
Date Entered:						
Processed By:						
Confirmation Date:						
Mail Fax Email						

SEPARATE FORMS ARE REQUIRED FOR EACH MARE

WHO SHOULD COMPLETE THIS FORM

To be recognized as an Ontario Accredited Broodmare (for a 2019 foal) a mare must reside in the Province of Ontario and remain resident in the Province for 270 consecutive and clear days surrounding the date of foaling out in Ontario. The date of application to accredit the mare is considered Day One of the required residency period.

NOTE: The Program Administrator reserves the right to amend, cancel or alter the Program and/or make changes to the terms, conditions, and benefits of any nature and kind whatsoever and, the signatories of this form hereby agree to be bound by such changes.

MARE INFORMATION								
Registered Name:			AQHA Registration #:		Year of Birth (yyyy)			
Remember to attach a copy of the AQHA Certificate of Registration (front) or The Jockey Club or CTHS registration papers (front and back).								
Registered Owner:		AQHA ID # of Owner:		Province / State of Residence:				
Is the Mare Leased?	If yes, what year doe expire?	s the lease	The lease must be on file with AQHA, and a					
□ YES □ NO		copy of the lease attached to this application.						
If Leased, Name of Lessee:		AQHA ID # of Lessee:	1	Province / State of Residence:				
Name of farm (Principal Residence) where mare will be resident in 2019:								
Farm Address (If no street address, please give county, township, lot and concession number):								
City / Town:		Province: On	tario	Postal C	ode:			
Contact Person:		Phone: Fax:						



<i>y</i>	REGISTERED NAME OF MARE						
MANDATORY DECLARATIONS Your signature below constitutes your agreement to							
BREEDING HISTORY							
In 2018 This Mare	In 2019 This	Mare will					
Was a maiden (never bred) ☐ YES ☐ NO		Be Bred ☐ YES ☐					
Was Bred ☐ YES ☐ NO		Foal Out YES					
Was an Embryo Transfer Donor ☐ YES ☐ NO		Embryo Transfer Donor	☐ YES	□ NO			
Produced a Live Foal YES NO	Be An	Embryo Transfer Recipient	☐ YES	□ NO			
MANDATORY DECLARATION							
I declare that the information concerning the principal residence inspection by representatives of the Program Registry at any til		rect and that this mare shall I	be made av	ailable for			
I further understand that if the declared location of the residency is in question, the onus will be on the owner/lessee to provide further documentation to verify eligibility as an Ontario Accredited Broodmare.							
I understand that should I fail to provide documentation as requestatus, and its offspring may not qualify as Ontario Bred.							
I understand the Program Registry may share my contact informathe Ontario Quarter Horse Racing Industry Development Progr	am.	, ,		•			
I, the undersigned, certify that I have full power and authority to execute and file this application and that each person or entity having ownership interest in this horse has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this horse has authorized me to complete and file this application form and that I have full power and authority to receive any requested or related documents from Ontario Racing.							
I agree to comply with the Horse Racing Licence Act, 2015, and the Rules of Thoroughbred Racing and Rules of Quarter Horse Racing of the Alcohol and Gaming Commission of Ontario (AGCO).							
I further certify that I have read and understand the conditions of broodmare eligibility as published by Ontario Racing and certify that this mare meets these eligibility requirements and that the information stated on this form is true and correct. I hereby assume full responsibility for the information provided.							
PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX, AND SIGN IN THE APPROPRIATE AREA BELOW:							
Signature of the <i>Broodmare Owner</i> if the mare <u>is not leased</u> . The <i>Corresponding Officer</i> must sign on behalf of a multiple ownership group.		the Broodmare Lessee if the <i>g Officer</i> must sign on behalf					
OWNER SIGNATURE: X	LESSEE SIG	NATURE: X					
AGCO Licence #:		e #:					
DATE:	DATE:			<u> </u>			
PHONE #:	PHONE #:	PHONE #:					
PRIVACY AND CONSENT							
I give the Program Registry permission to share my contact] ,,,					
information (including by electronic means) for the purpose of	☐ YES ☐	』 NO					
marketing the Ontario Quarter Horse Racing Industry Development Program.	Signature:)	Signature: X					
COMPLETED FORMS SHOULD BE SENT TO:							
Ontario Racing c/o Woodbine Mohawk Park	For inform	For information regarding the Program, contact the Quarter Horse Program Coordinator:					
PO Box 160, Campbellville, ON L0P 1B0	Quarter	Quarter noise Program Coordinator:					
Attention: Quarter Horse Program		416) 477-5529 416) 477-5400					
FAX: (416) 477-5499 EMAIL: qhprogram@ontarioracing.com		FAX: (416) 477-5499 EMAIL: qhprogram@ontarioracing.com					