



**Ontario Quarter Horse Racing Industry Development Program  
Application to Accredite 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).

<b>FOR OFFICE USE ONLY:</b>		
Date Received:	_____	
Date Entered:	_____	
Processed By:	_____	
Confirmation Date:	_____	
Mail <input type="checkbox"/>	Fax <input type="checkbox"/>	Email <input type="checkbox"/>

**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**

<b>Registered Name:</b>		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? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, what year does the lease expire?</b>  (yyyy)	The lease must be on file with AQHA, and a copy of the lease attached to this application.	
<b>If Leased, Name of Lessee:</b>		AQHA ID # of Lessee:	Province / State of Residence:
<b>Name of farm (Principal Residence) where mare will be resident in 2019:</b>			
<b>Farm Address (If no street address, please give county, township, lot and concession number):</b>			
City / Town:	Province: <b>Ontario</b>	Postal Code:	
Contact Person:	Phone:	Fax:	

**FORM CONTINUES ON REVERSE  
YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON THIS FORM**



REGISTERED NAME OF MARE

**MANDATORY DECLARATIONS**

Your signature below constitutes your agreement to all conditions

**BREEDING HISTORY**

**In 2018 This Mare ...**

- Was a maiden (never bred)     YES     NO
- Was Bred     YES     NO
- Was an Embryo Transfer Donor     YES     NO
- Produced a Live Foal     YES     NO

**In 2019 This Mare will ...**

- Be Bred     YES     NO
- Foal Out     YES     NO
- Be An Embryo Transfer Donor     YES     NO
- Be An Embryo Transfer Recipient     YES     NO

**MANDATORY DECLARATION**

I declare that the information concerning the principal residence of this mare is correct and that this mare shall be made available for inspection by representatives of the Program Registry at any time.

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 requested the mare may be ineligible for Ontario Accredited Broodmare status, and its offspring may not qualify as Ontario Bred.

I understand the Program Registry may share my contact information (including by electronic means) for the purpose of administering the Ontario Quarter Horse Racing Industry Development Program.

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 *Broodmare Owner*** if the mare is not leased. The *Corresponding Officer* must sign on behalf of a multiple ownership group.

**OWNER SIGNATURE:** X

AGCO Licence #: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**Signature of the *Broodmare Lessee*** if the mare is leased. The *Corresponding Officer* must sign on behalf of a Lessee group.

**LESSEE SIGNATURE:** X

AGCO Licence #: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**PRIVACY AND CONSENT**

I give the Program Registry permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program.

YES     NO

Signature: X

**COMPLETED FORMS SHOULD BE SENT TO:**

**Ontario Racing**  
 c/o Woodbine Mohawk Park  
 PO Box 160, Campbellville, ON L0P 1B0  
**Attention: Quarter Horse Program**  
**FAX:** (416) 477-5499  
**EMAIL:** [qhprogram@ontarioracing.com](mailto:qhprogram@ontarioracing.com)

For information regarding the Program, contact the **Quarter Horse Program Coordinator:**

**PHONE:** (416) 477-5529  
**FAX:** (416) 477-5499  
**EMAIL:** [qhprogram@ontarioracing.com](mailto:qhprogram@ontarioracing.com)