



SEPARATE FORMS ARE REQUIRED FOR EACH STALLION

Completed forms should be sent to: **Canadian Thoroughbred Horse Society (Ontario Division)**
P.O. Box 172, Rexdale, ON M9W 5L1

Make cheques payable to: "CTHS (Ont. Div.) ITF Thoroughbred Improvement Program"

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Processed By: _____

This registration form and all fees must be submitted to CTHS not later than **JANUARY 15, 2017 or the \$500 late fee will apply.**

REGISTRATION FEE:

Renewal (registered in 2016) **\$100** _____ **OR**

New (not registered in 2016) **\$200** _____ **OR**

Late (after January 15, 2017) **\$500** _____

TOTAL FEE ENCLOSED: \$ _____

Note: The AUTHORIZED AGENT for the stallion may sign on behalf of an Owner or Lessee, **IF:**

- The Owner or Lessee holds a valid, current AGCO/ORC licence,
- The AUTHORIZED AGENT holds a valid current AGCO/ORC licence,
- The AUTHORIZED AGENT is an ONTARIO RESIDENT, AND
- The appropriate AUTHORIZED AGENT documents are on file with the Program Administrator.

I am aware that a stallion cannot be registered for the Program after he has bred any mares in the current season. I declare that this stallion has not, and will not, breed any mares before this application is approved by the Program.

X _____
Signature of Owner, Lessee or Authorized Agent

Date of Application (dd/mm/yyyy)

STALLION INFORMATION		
Stallion Registered Name:	CTHS or The Jockey Club Registration Number:	Year of Birth: (yyyy)
Sire:	Dam:	Sire of Dam:
Was this stallion registered as an Ontario Sire in 2016? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will this stallion stand in the Southern Hemisphere in 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Registered Owner:	AGCO/ORC Licence #:	Province/State of residence:
Is the Stallion Leased? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year does the lease expire? _____(yyyy)	(A copy of the lease OR a <i>Stallion Lease Declaration Form</i> must be on file with CTHS)	
If Leased, Name of Lessee:	AGCO/ORC Licence #:	Province/State of residence:
FARM INFORMATION		
Name of farm where stallion will be standing for the 2017 Breeding Season:		
Farm Address: (If no street address, please give county, township, lot and concession number):		
City / Town:	Province: Ontario	Postal Code:
Contact Person:	Phone:	Fax:
Please provide website of farm where stallion is standing:	Please provide email of farm where stallion is standing:	
YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM		TB-Stallion-Reg-2017-ver. 2.0

1. I declare that the highest advertised 2017 stud fee for this stallion will be \$ _____
Please Note: If you do not wish the fee to be published or posted on the Program website you may list “**Private Fee**” as the stud fee. However, you must write the highest amount you would charge for a service fee.
Highest Service Fee: \$ _____

2. In the case where **this stallion is a renewal** and **not** a Dual Hemisphere Stallion, I declare that this stallion did not leave the Province of Ontario for breeding purposes at any time during the 2016 breeding season.

3. For Dual Hemisphere Stallions of 2016:
 Date of **Return** to Ontario from Southern Hemisphere in 2016: _____ (dd/mm/yyyy)
 Date of **Departure from Ontario** in 2016: _____ (dd/mm/yyyy)
 If U.S. quarantined, **Date of Departure from North America** in 2016: _____ (dd/mm/yyyy)

4. I declare that the information concerning the principal residence of this stallion is correct and that this stallion shall be made available for inspection by representatives of the Program Administrator 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.
- I understand that should I fail to provide documentation as requested the stallion may be ineligible for ONTARIO SIRE status.
- I give the Program Administrator permission to share my contact information (including by electronic means) for the purpose of administering the Ontario Horse Improvement Program and the Thoroughbred Improvement 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* of the Alcohol and Gaming Commission of Ontario (AGCO).

I further certify that I have read and understand the conditions of stallion eligibility as published by Ontario Racing and certify that this stallion 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.

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.

PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX:

SIGNATURE: X _____ DATE: _____ AGCO/ORC LICENCE #: _____ EXPIRY DATE: _____ (dd/mm/yyyy)	I am the: <input type="checkbox"/> Owner/Member of the Ownership Group, OR <input type="checkbox"/> Lessee/Member of the Lessee Group, OR <input type="checkbox"/> Authorized Agent
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STALLION AWARDS RECIPIENT

Name of person to whom Stallion Awards will be issued for 2017: _____	Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Authorized Agent <input type="checkbox"/>
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Address: _____

City/Town: _____	Province/State: _____	Postal/Zip Code: _____
Phone: _____	Email: _____	

PRIVACY AND CONSENT

I give the Program Administrator permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Horse Improvement Program and the Thoroughbred Improvement Program.	<input type="checkbox"/> YES <input type="checkbox"/> NO Signature: _____
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CONTACT INFORMATION

For Program information and submission of completed forms CTHS Ontario Division P.O. Box 172 , Rexdale, ON M9W 5L1 Phone: (416) 675-3602 Fax: (416) 675-9405 cthsont@idirect.com	Thoroughbred Improvement Program c/o Ontario Racing 400 - 10 Carlson Court, Toronto, ON, M9W 6L2 Phone: (416) 213-1800 Fax: (416) 444-477-5499 info@ontarioracing.com
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