

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



2018
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 2018 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?	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:			vince / State of idence:							
Name of farm (Principal Residence) where mare will be resident in 2017:										
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:						

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				REGISTERED NAME OF MARE				
MANDATORY DECLARATION	IS							
Your signature below constitutes y	our agree	ement to al	l conditions					
BREEDING HISTORY								
In 2017 This Mare			In 2018 This N	lare will				
Was a maiden (never bred)	☐ YES	□ NO	Be Bred ☐ YES			□ NO		
Was Bred	☐ YES	□ NO	Foal Out					
Was an Embryo Transfer Donor	☐ YES	□ NO		Embryo Transfer Donor	☐ YES	□ NO		
Produced a Live Foal	☐ YES	□ NO	Be An E	Embryo Transfer Recipient	☐ YES	□ NO		
MANDATORY DECLARATION								
I declare that the information concerning inspection by representatives of the Progr				ect and that this mare shall	be made av	/ailable for		
I further understand that if the declared lo documentation to verify eligibility as an O	ntario Accr	edited Brood	mare.		•			
I understand that should I fail to provide d status, and its offspring may not qualify a	s Ontario B	red.	-	-				
I understand the Program Registry may s the Ontario Quarter Horse Racing Industr	y Developr	nent Progran	n.	, ,		_		
I, the undersigned, certify that I have full pownership interest in this horse has full knownership interest in this horse has authoreceive any requested or related docume	nowledge o orized me to	f the filing of complete a	this document. I fund file this applicat	urther certify that each perso	on or entity l	having		
I agree to comply with the Horse Racing I Racing of the Alcohol and Gaming Comm				ughbred Racing and Rules	of Quarter H	Horse		
I further certify that I have read and under this mare meets these eligibility requirement responsibility for the information provided	ents and th							
PLEASE PRINT YOUR NAME CLEARLY AND SIGN IN THE APPROPRIATE AREA		OX,						
<b>Signature of the </b> <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.			<b>Signature of the </b> <i>Broodmare Lessee</i> if the mare <u>is</u> leased. The <i>Corresponding Officer</i> must sign on behalf of a Lessee group.					
OWNER SIGNATURE: X			LESSEE SIGN	ATURE: X				
AGCO Licence #:				: #:				
DATE:			DATE:					
PHONE #:			PHONE #:					
PRIVACY AND CONSENT								
I give the Program Registry permission to s	share my c	ontact		1				
information (including by electronic means)	) for the pu		YES	I NO				
marketing the Ontario Quarter Horse Racir Development Program.	ng Industry		Signature: <b>X</b>					
COMPLETED FORMS SHOULD B	E SENT	TO:						
Ontario Racing c/o Woodbine Mohawk Park				ation regarding the Program orse Program Coordinator		Э		
PO Box 160, Campbellville, ON L0P 1B0			Quarter FIC	7136 i rogram coorumator	•			
Attention: Quarter Horse Program				16) 477-5529				
FAX: (416) 477-5499 EMAIL: <a href="mailto:ghprogram@ontarioracing.com">ghprogram@ontarioracing.com</a>				16) 477-5499 program@ontarioracing.co	<u>m</u>			