

Ontario Resident Mare Declaration 2018

FOAL YEAR

MARE INFORMATION								
Mare Registered Name:	CTHS/The Jockey Club Registration Number: Year of Birth (yyyy):							
BREEDER INFORMATION								
Breeder of Record: (Owner of mare at time of foaling)				AGCO Licence #				
Address:								
City/Town: P	Province/State			Postal/Zip Code				
Phone:	Email:							
FARM INFORMATION WHERE MARE COMPLETED HER RESIDENCY								
Name of farm where mare completed her Ontario Residency in 20	18:		Contact Person:					
911 Farm Address: (If no street address, please give county, township, lot and concession number)								
City / Town:	Provinc	e: Ontai	rio Postal C	ode				
Phone:	Email:	Ēmail:						
FARM INFORMATION WHERE MARE FOALED								
Name of farm where mare foaled in 2018:			Contact Pe	rson:				
Address: ☐ Same As Above								
City / Town:	Province: Ontario Postal Code							
Phone:	Email:							
MANDATORY DECLARATIONS- YOUR SIGNATURE BELOW CONSTITUES YOUR AGREEMENT TO ALL CONDITIONS								
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 at any time.								
I further understand that if the declared location of the residency is in question, the onus will be on the Breeder to provide further documentation to verify eligibility as an Ontario Resident Mare.								
 I understand that should I fail to provide documentation as requested, the mare may be ineligible for ONTARIO RESIDENT MARE status, and its offspring may not qualify as REGISTERED ONTARIO BRED. 								
 I understand that the Program Administrator may 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 mare has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this mare 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 <i>Horse Racing Licence Act, 2015</i> , and the <i>Rules of Thoroughbred Racing</i> of the Alcohol and Gaming Commission of Ontario (AGCO). I further certify that I have read and understand the conditions of mare eligibility as published by Ontario Racing and certify that this mare meets these eligibility requirements and that the information stated on both sides of 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: (SIGN IN THE APPROPRIATE AREA BELOW)								
BREEDER SIGNATURE:		An AUT H	An AUTHORIZED AGENT may sign on behalf of the Breeder if the					
Date:	_	AUTHORIZED AGENT and the breeder hold a valid, current AGCO licence, and the appropriate AUTHORIZED AGENT documents are or						
AGCO Licence #:	_	file with the Canadian Thoroughbred Horse Society (CTHS).						
If the Breeder is a Stable, Partnership, Syndicate or Corporation, signa a member of the Stable, Partnership, Syndicate or Corporation is requi		AUTHOI SIGNAT	RIZED AGEN URE:	IT 				
BREEDER SIGNATURE:	-	Date:						
Date:	_	AGCO L	icence #:					
AGCO Licence #:								



ONTARIO RESIDENT MARE DECLARATION

MARE INFORMATION 2018 TBMR – 01 VER.1						
Mare Registered Name:			Date of Foaling in 2018 (mm/dd):			
To be eligible as an ONTARIO RESIDENT MARE for the 2018 foal year, the mare must meet one of the five conditions listed below. Please indicate which condition applies to this mare.						
This mare will foal (or has foaled) in Ontario in 2018 and complies with the following criteria:						
	Criteria 1: The mare was in Ontario on <u>December 1st 2017</u> and remained in Ontario until foaling.	If the mare is a permanent resident of O please check here □ OR Date of mare's arrival in Ontario:	The Program Administrator may request transportation and/or border crossing documents to validate entry date.			
	Criteria 2: The mare was resident in Ontario for 60 consecutive days surrounding foaling in Ontario.	Date that the mare began her residency period in Ontario :	The Program Administrator may request transportation documents and/or copies of records for the mare such as invoices for veterinarian services, farrier (blacksmith) services, or boarding services during the declared residency period, to verify the mare's residency period.			
	Criteria 3: The mare foaled in Ontario and was bred back to an ONTARIO SIRE.	Name of Ontario Sire that mare was bred back to: The last date bred as would be reported on a Report of Mares Bred filed with The Jockey Club:				
	Criteria 4: The mare was purchased, or RNA (Reserve Not Attained) at a CTHS-recognized sale or auction, and arrived within the boundaries of Ontario no later than thirty (30) days after the date of purchase (or RNA) at sale.	Name of sale Date of sale Sale hip # for mare Date of mare's arrival in Ontario		The Program Administrator may request transportation and/or border crossing documents to validate entry date.		
	Criteria 5: The mare was purchased in a bona-fide private sale, arrived in Ontario within 30 days of the date of transaction and remained in Ontario until foaling.	Date of sale/purchase: Date of mare's arrival in Ontario:		Either a copy of the mare's registration papers must be submitted with this form as proof of ownership, OR a copy of the purchase/transaction receipt, clearly indicating the date of the transaction. The purchase price may be blacked-out on the document. The Program Administrator may request transportation and/or border crossing documents to validate the entry date.		
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.						
☐ YES ☐ NO Signature:						
FOR PROGRAM INFORMATION AND SUBMISSION OF COMPLETED FORMS: TO CONTACT ONTARIO RACING						
CTHS (Ontario Division) P.O. Box 172 Rexdale, ON M9W 5L1 Phone: (416) 675-3602 Fax: (416) 675-9405 Email: cthsont@idirect.com			Thoroughbred Improvement Program c/o Ontario Racing 400 - 10 Carlson Court, Toronto, ON, M9W 6L2 Phone: (416) 213-1800 Fax: (416) 477-5499 Email: info@ontarioracing.com			
YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM						