



**THIS FORM MUST BE COMPLETED BY THE OWNER OR LESSEE OF THE HORSE(S)**

In order to have an AUTHORIZED AGENT act on behalf of an Owner or Ownership Group or a Lessee or Lessee group for the Thoroughbred Improvement Program, this form must be completed and sent to:

**Ontario Racing**  
**Attention: TIP Coordinator**  
555 Rexdale Boulevard, P.O. Box 156  
Toronto, ON, Canada M9W 5L2

Phone: 416-675-3993 ext. 2633  
Fax: 416-213-2104  
Email: adouglas@ontarioracing.com

<b>FOR OFFICE USE ONLY:</b>	
Date Received:	_____
Date Entered:	_____
Processed By:	_____

**OWNER OR LESSEE INFORMATION**

Owner/Lessee Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	AGCO Licence #
Address:		
City/Town:	Province/State:	Postal Code:
Phone:	Email:	

**AUTHORIZED AGENT INFORMATION**

Name:	AGCO Licence #:	
Address:		
City/Town:	Province/State: <b>Ontario</b>	Postal Code:
Phone	Email:	

**AUTHORIZED AGENT DUTIES**

<p>I hereby appoint the above named AUTHORIZED AGENT to act on my/our behalf until written revocation of this Appointment or until:</p> <p>_____ DATE: (dd/mm/yyyy)</p>	<p>This individual has the authority to conduct the following business in relation to all horses under my/our ownership enrolled in the Thoroughbred Improvement Program:</p> <p><input type="checkbox"/> Declaring of mares and the Registering of stallions in the Program</p> <p><input type="checkbox"/> Filing of applications for Program Awards</p> <p><input type="checkbox"/> Only for the horse named here: Name: _____</p> <p>CTHS/The Jockey Club Reg # _____</p>
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**MANDATORY DECLARATIONS**

I, the undersigned, certify that I have full power and authority to execute and file this declaration 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 declaration 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 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.

**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.**

Signature of Owner or Lessee:	Date: (dd/mm/yyyy)
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**YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON THIS FORM**