### Kentucky Paint Horse, Appaloosa, and Arabian **Development Fund Mare Registration Form**



### **MUST INCLUDE & SUBMIT THE FOLLOWING:**

\*Proper payment in U.S. Funds Only (check or money order)\* \*A Copy of the Mare's Official Breed Registration Papers\* nostmarked by December 31st of the year of concention

·	narked by July 1 of the foaling year.		
KE	ENTUCKY HORSE RACING & GAMING CORPORA 4047 Iron Works Parkway   Lexington, KY 405 Telephone: (859) 246-2847   Fax: (859) 246-28	11	
EMBRYO TRANSFER? : YES *If "Y	es," Shall Also Fill Out Back Page*	lf "No," Fill Out This	s Page Only*
BROODMARE OR DONOR MARE:			
REGISTRATION #:	MICROCHIP #:		YOB:
BRED TO:			YOB:
MARE WILL RESIDE AT:		PHONE:_	
FARM'S PHYSICAL ADDRESS:(Physical Address Only   No PO Boxes)			
• • • • • • • • • • • • • • • • • • • •		_ST:	ZIP:
	/ TO:// ST:	TOTAL DAYS: _	
PHONE:	EMAIL:		
	le statutes, regulations and rules, including KRS Horse, Appaloosa, and Arabian Development F		
	e, donor mare, or recipient mare, shall reside in lon or embryo transfer implantation until foaling.		od no less than one
be deemed sufficient cause for denial and requirement contained in 810 KAR 7:060 by Kentucky statute or regulation. I agree & Gaming Corporation relating to the regrelated to transportation and all invoicing produce at the request of the Kentucky Henrich Corporation and the Kentucky Henrich Corporation and the request of the request of the request of the request of the Kentucky Henrich Corporation and the request of the Reputation and the Reputation and the Reputation and the Reputation and th	the agent, as well as the mare owner, may be s	ailure to reveal info law. I understand the rein and other applie in requested by the land updated records on a all documentation	rmation requested may hat failure to meet any cable penalties provided Kentucky Horse Racing if file for any transactions is readily available to

QUALIFIED OWNER, LESSEE OR AUTHORIZED AGENT

Signature / Date

# Kentucky Paint Horse, Appaloosa and Arabian Development Fund Mare Registration Form

## Fill Out **Only** in the Event of an Embryo Transfer:

## **Recipient Mare Information:**

RECIPIENT MARE:		YOB:	
RECIPIENT MARE MICROCHIP ID NUMBER:			
MARE OWNED BY:			
PHONE:	EMAIL:		
ADDRESS:	CITY:	ST:ZIP:	
(RECIPIENT MARE) BOARDING FARM:			
PHONE:	EMAIL:		
ADDRESS:	CITY:	ST:ZIP:	

(Physical Address Only | No PO Boxes)