

KANSAS HORSEMAN'S ASSOCIATION, INC.

OFFICIAL BREED REGISTERING AGENCY FOR THE KANSAS RACING COMMISSION

APPLICATION FOR KANSAS DOMICILED PROGRAM

APPLICATION FOR KANSAS BRED PROGRAM

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

(1)	STALLION <input type="checkbox"/>	MARE <input type="checkbox"/>	GELDING <input type="checkbox"/>		
(2) BREED...TB <input type="checkbox"/>	QH <input type="checkbox"/>	APP <input type="checkbox"/>	Paint <input type="checkbox"/>	ARAB <input type="checkbox"/>	STB <input type="checkbox"/>
(mark box with an X)		Color _____			
(3) NOTICE: ONLY THOSE STALLIONS AND MARES WHICH ARE REGISTERED AS KS-BRED OR KS-DOMICILED QUALIFY FOR CERTIFICATE OF ELIGIBILITY - (OTHER CONDITIONS ALSO APPLY-SEE FORM)					
(4) NAME OF HORSE _____ <small>IF UNNAMED, SO STATE</small>					
KS. BRED <input type="checkbox"/>		KS DOMICILED <input type="checkbox"/>		KS. REG. NO. _____	
NAT. BRED REG. NO. _____		LIP TATTOO NO. _____		FOALING DATE _____	
SIRE _____					
DAM _____					
(5) FOALING LOCATION OR LOCATION WHERE MARE RESIDES OR STALLION WILL STAND					
NAME (FARM OR RANCH) _____					
ADDRESS _____			CITY _____		
STATE _____		ZIP _____		PHONE () _____	
FARM MANAGER _____			PHONE () _____		
BEGINNING DATE OF HORSE'S RESIDENCE AT ABOVE LOCATION _____					
(6) COMPLETE OWNERSHIP SECTION AS IT APPEARS ON REGISTRATION					
OWNER <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>		SYNDICATE OR CORPORATION <input type="checkbox"/>	
<small>(all owners must be listed giving complete information for each...attach additional sheets if necessary)</small>					
NAME _____					
ADDRESS _____					
CITY _____		STATE _____		ZIP _____	
PHONE () _____		SOC. SEC. NO. _____		FED. ID. NO. _____	
(7) NAME AND ADDRESS OF STALLION OWNER AT THE TIME OF CONCEPTION					
NAME _____					
ADDRESS _____					
CITY _____		STATE _____		ZIP _____	
FARM MANAGER _____					
(8) NAME AND ADDRESS OF FOAL OWNER					
NAME OF OWNER _____					PRINT OR TYPE
SIGNATURE _____			ADDRESS _____		
CITY _____		STATE _____		ZIP _____	
PHONE () _____					
SOCIAL SECURITY NO. _____			OR FED ID# _____		

CERTIFICATE OF ELIGIBILITY

(9) The undersigned owner or authorized agent certifies that he/she has full power and authority to execute and file this application and to receive any request or relates documents from the registry agent and that the information supplied on this form is complete and correct. The undersigned also agrees that the registry agent may act with respect to the horse referred to herein on the basis of this application, other documents on file with respect to this horse and other information available to the registry and that in cases of inconsistent data the identify and/or blood-type this horse/foal and either or both of its parents if they are owned by the applicant(s) at any time deemed necessary by the registry. At the time of this application the horse is alive and the death of this horse shall ge reported to the registry within 24 hours. The undersigned understands that this application indicates his/her agreement that the stallion will not stand outside the state of Kansas during the calendar year for which this application is made and that the mare must be domiciled within the state of Kansas prior to the date the foal is dropped. It is also understood that this application for Kansas-bred status authorizes the registry agent to inspect and identify the horse at anytime deemed necessary by the agency.

(10) IMPORTANT READ CAREFULLY
KANSAS-BRED REGISTRATION CANNOT BE COMPLETED UNTIL THE ORIGINAL NATIONAL BREED REGISTRATION CERTIFICATE OR ITS REPLACEMENT IS SUBMITTED. K.A.R.

(11) IMPORTANT READ CAREFULLY
NOTE: ATTACH ORIGINAL NATIONAL BREED REGISTRATION CERTIFICATE (IF AVAILABLE), PROOF OF OWNERSHIP, CHECK OR MONEY ORDER FOR FEE AND COPIES OF ANY LEASES THAT APPLY AND RETURN TO:

(12) APPLICANTS SIGNATURE _____ **DATE** _____

FEES: DOMICILED.....\$ 50.00
STALLION CERTIFICATION.....\$100.00
MARE CERTIFICATION.....\$ 35.00

RETURN TO: KANSAS-BRED REGISTRY KANSAS HORSEMAN'S ASSOCIATION 400 E 137 th CARBONDALE, KS 66414 (785) 836-7971 (785) 368-6563 FAX: (785) 296-0900	REGISTRATION FEES: FOALING YEAR BY DECEMBER 31 ST \$ 50.00 YEARLING YEAR BY DECEMBER 31 ST \$250.00 AFTER DECEMBER 31 ST OF YEARLING YEAR \$500.00
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NOTE!!! TO ENTER THE BREEDING PROGRAM YOU MUST PAY THE DOMICILED & CERTIFICATION FEE.
A CHANGE OF OWNERSHIP REQUIRES RE-CERTIFICATION.
A KANSAS-BRED HORSE MUST BE CERTIFIED INTO THE BREEDING PROGRAM.

(13) REGISTRY USE ONLY

DATE RECEIVED _____ **WO.NO.** _____

DATE APPROVED _____ **KS.-BRED NO.** _____

DATE CERT. _____ **CERT. NO.** _____
