



Foaling Verification Form

Please Fax to 888-641-3944, or
Mail to KyQHA, PO Box 910607, Lexington, KY 40591-0607



This form must be signed within 48 hours of a foal's birth in order for KyQHA Breeders' Incentive Fund qualification. The form should be received in the KyQHA office within 30 days of verification by the attending veterinary. All information must be included in order to be considered complete.

I certify that the following foal was born in the state of Kentucky.

Date of Birth: _____ Sex of Foal: _____

Color/Markings: _____

Dam: _____ Reg. #: _____

Sire: _____ Reg. #: _____

Location of Foaling:

Farm or Farm Owner: _____

Address: _____

City, State, Zip: _____

By signing below, you are certifying that you have read the rules of the KyQHA BIF program (found at www.kyqha.com) and agree to abide by them. Any attempt in connection with the Kentucky Horse Breeders' Incentive Fund to provide false or misleading information to the Kentucky Quarter Horse Association (KyQHA) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KyQHA and the application of all civil and criminal penalties that may apply.

Veterinarian's Signature: _____ Date: _____

Veterinarian's Name: _____

KY License #: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

OFFICE USE ONLY
Check # _____
Date Processed _____
Processed by _____