



Stallion Nomination Form 2017



Mail Completed Form to: KyQHA PO Box 23917, Lexington, KY 40523-3917

Name of Stallion Owner: _____

Address: _____

City/State/Zip: _____

Phone (provide 2): _____

Email _____ @ _____

Regular Stallion Nomination or Sustaining Only

\$300 Regular Stallion Nomination Fee for 1 year – stallion’s name is listed on the KyQHA website.

\$300 Sustaining Only Stallion Fee for 1 year - stallion’s name is listed on the KyQHA website as “Sustaining Only”

Stallion Name: _____

AQHA Registration Number: _____; Specialty (e.g. barrel racing/pole bending, cutting, halter, hunter under saddle, race, reining, roping, western pleasure, working cow horse): _____

Location of Stallion During 2017 Breeding Season (Optional for Sustaining Only Stallions)

Name of Farm/Ranch _____

Farm/Ranch/Owner/Contact _____

Address _____

City/State/Zip _____

Stallion or Farm Web Site _____

Email _____ @ _____

Statements of KyQHA BIF Compliance (Please read each statement and check corresponding box; **NOT required for Sustaining Only Stallions**):

- By December 31, 2017, I will submit a breeding report to KyQHA following the breeding season to confirm mares were bred in Kentucky during 2017.
- I have read the KyQHA BIF Rules & Regulations and agree to abide by them. Any attempt in connections 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.
- I have submitted a photocopy of the AQHA Certificate of Registration for this stallion.
- This stallion has been EVA TESTED and VACCINATED and veterinary notification of the same has been sent to the KyQHA previously, or will be sent upon completion of testing and vaccination

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

Signature of Stallion Owner/Agent _____ Date _____

Pay by Credit Card: **Visa MC DISC**

Cardholder Name: _____ Card #: _____

Exp Date: _____ 3 Digit Code: _____ Cardholder Signature: _____