



**APPLICATION REQUIREMENTS**

- The registered Owner or Lessee of the stallion must be enrolled with the Program for the current year, and must hold a valid, current AGCO licence.
- **A clean, legible copy of the AQHA CERTIFICATE OF REGISTRATION must be provided with this application.**
- If you are the Lessee, you must provide a clean, legible copy of the AQHA LEASE AUTHORIZATION form with this application.
- A Thoroughbred stallion must have an AQHA number, and the Owner or Lessee must provide a copy of The Jockey Club or CTHS registration papers.

**YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM. SEPARATE FORMS ARE REQUIRED FOR EACH STALLION.**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 Confirmation Date: \_\_\_\_\_  
 Mail  Fax  Email   
 Approval Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**MANDATORY DECLARATION**

I am aware that a stallion cannot be accepted as an ONTARIO ACCREDITED STALLION after he has bred any mares in the current season. I declare that this Stallion has not, and will not, breed any mares before this application is approved by the Program.

**X** \_\_\_\_\_  
Signature of Owner or Lessee

\_\_\_\_\_  
Date of Application (dd/mm/yyyy)

**STALLION INFORMATION**

<b>Stallion Registered Name:</b>	<b>AQHA REGISTRATION #:</b>	<b>Year of Birth (yyyy)</b>
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Remember to attach a copy of the AQHA Certificate of Registration (front) or The Jockey Club or CTHS registration papers (front and back).

Was this stallion registered as AN ONTARIO ACCREDITED STALLION in 2016? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will this stallion stand in the Southern Hemisphere in 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO	This stallion <b>retired</b> from stud in the year: (yyyy) This stallion <b>died</b> in the year: (yyyy)
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Registered Owner:	AQHA ID # of Owner:	Province / State of Residence:
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Is the Stallion Leased? <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>yes</b> , what year does the lease expire? (yyyy)	<b>The lease must be on file with AQHA, and a copy of the lease attached to this application.</b>
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If <b>Leased</b> , Name of Lessee:	AQHA ID # of Lessee:	Province / State of Residence:
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**Name of farm (Principal Residence) where stallion will be standing for the 2017 Breeding Season:**

**Farm Address (If no street address, please give county, township, lot and concession number):**

City / Town: \_\_\_\_\_ Province: **Ontario** Postal Code: \_\_\_\_\_

Contact Person:	Phone:	Fax:
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For promotional purposes, please provide website of farm where stallion is standing: \_\_\_\_\_ For promotional purposes, please provide email of farm where stallion is standing: \_\_\_\_\_

For eligibility for Stallion Awards, please indicate the years in which this stallion was standing at service in the Province of Ontario:

2016  2015  2014  2013  2012  2011  2010  2009  2008  
 2007  2006  2005  2004  2003  2002  2001  2000



**MANDATORY DECLARATIONS -- YOUR SIGNATURE BELOW CONSTITUTES YOUR AGREEMENT TO ALL CONDITIONS**

1. I declare that the highest advertised 2017 stud fee for this stallion will be \$ \_\_\_\_\_

**Please Note:** If you do not wish the fee to be published or posted on the Program website you may list "Private Fee" as the stud fee. However, you must write the highest amount you would charge for a service fee.

**Highest Service Fee:** \$ \_\_\_\_\_

2. I declare that the information concerning the principal residence of this stallion is correct and that this stallion shall be made available for inspection by representatives of the Program Registry at any time.

- I further understand that if the declared location of the residency is in question, the onus will be on the owner/lessee to provide further documentation to verify eligibility as an Ontario Accredited Stallion.
- I understand that should I fail to provide documentation as requested the stallion may be ineligible for Ontario Accredited Stallion status.
- I understand the Program Administrator may share my contact information (including by electronic means) for the purpose of administering the Ontario Quarter Horse Racing Industry Development Program.

I, the undersigned, certify that I have full power and authority to execute and file this application 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 application 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 and Rules of Quarter Horse Racing of the Alcohol and Gaming Commission of Ontario (AGCO).

3. I further certify that I have read and understand the conditions of stallion eligibility as published by Ontario Racing and certify that this stallion meets these eligibility requirements and that the information stated on this form is true and correct. I hereby assume full responsibility for the information provided.

4. **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.**

**PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX, AND SIGN IN THE APPROPRIATE AREA BELOW:**

**Signature of the Stallion Owner** if the stallion is not leased, and is owned by an ONTARIO RESIDENT. The *Corresponding Officer* must sign on behalf of a multiple ownership group.

**OWNER**

**SIGNATURE:** X \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AGCO LICENCE #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

**Signature of the Stallion Lessee** if the stallion is leased to an ONTARIO RESIDENT. The *Corresponding Officer* must sign on behalf of a Lessee group.

**LESSEE**

**SIGNATURE:** X \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AGCO LICENCE #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

**PRIVACY AND CONSENT**

I give the Program Administrator permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program.

YES  NO

Signature: X \_\_\_\_\_

**Completed forms should be sent to:**

**By Mail:** Quarter Horse Program  
c/o Ontario Racing  
400 - 10 Carlson Court  
Toronto ON M9W 6L2

**By Fax:** (416) 477-5499

**By Email:** qhprogram@ontarioracing.com

**For information regarding the Program, contact the Quarter Horse Program Coordinator:**

**By Phone:** (416) 477-5529

**By Fax:** (416) 477-5499

**By Email:** qhprogram@ontarioracing.com