



# QUARTER HORSE & ARABIAN MARE REGISTRATION 2019

<b>FOR OFFICE USE ONLY:</b>	
Date Received: _____	_____
Date Entered: _____	_____
Processed By: _____	_____

This registration form must be submitted to the MRC no later than  
**January 31, 2019 or late fees will apply.**

MARE INFORMATION					
Mare Registered Name:		Year of Birth: (yyyy)		Tattoo/Registration #:	
Anticipated Foaling Date: /      /			In Foal to (sire):		
Owner Name(s):			E-mail Address:		
Address of Owner:			Owner Vendor #: (If you do not have a # please contact the MRC office)		
City:		State:	Zip Code:		Phone #:
Is the Mare Leased? <i>A copy of the lease must be on file with the MRC</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			If Leased, Name of Lessee:		
Address of Lessee:		City:		State:	Zip-Code:
Foaling Location for the 2019 Foaling Season:			Contact Person:		
Foaling Location Address:					
City:		State:	Zip-Code:	Phone:	Fax:
Please provide website of facility where mare is foaling: (if available)			Please provide e-mail of facility where mare is foaling: (if available)		

**NOTE:** In order for this mare and her foal to be registered with the Minnesota Breeders' Fund program the mare must be in Minnesota and this form must be received by the Racing Commission previous to foaling and no later than January 31st of the current foaling year. The first time a mare is registered or whenever there is an ownership change the mare's **original** foal certificate must accompany the mare registration form.

**NOTE:** This form is valid **ONLY** for the current year.

I hereby certify that the above information is true and correct to the best of my knowledge and that it is submitted for the purpose of participating in the Minnesota Breeders' Fund program pursuant to MN Stat. 240.18. I acknowledge that failure to provide complete and accurate information or submission of false information may be grounds for disqualification from participating in the Breeders' Fund program and may subject me to civil and/or criminal prosecution. I hereby consent to on-site inspections by the Racing Commission or its designee to verify the foregoing information.

X \_\_\_\_\_ / /  
Signature of Owner, Lessee or Authorized Agent Date of Application (mm/dd/yyyy)

**Completed forms should be sent to:  
Minnesota Racing Commission  
Attn: Breeders Fund  
1100 Canterbury Rd. Ste. 100  
Shakopee, MN 55379  
Fax: 952-496-7954  
Email: [nicole.m.edstrom@state.mn.us](mailto:nicole.m.edstrom@state.mn.us)**

**PLEASE NOTIFY THE RACING COMMISSION IF YOU REQUIRE THIS MATERIAL TO BE MADE AVAILABLE IN ALTERNATIVE FORMAT, I.E., LARGE PRINT, BRAILLE, AUDIO CASSETTE, OR OTHER REQUESTED SPECIAL FORMAT.**

**THE RACING COMMISSION CAN BE REACHED AT 952- 496-7950 OR 800/ 627-3529 (TTY/ VOICE RELAY SERVICES).**