

QUARTER HORSE, APPALOOSA, or PAINT ONLY

OKLAHOMA-BRED RECIPIENT MARE FORM

EFFECTIVE 2020

All forms are DUE NOVEMBER 1 of Breeding Year Prior to Foaling

- ALL QUESTIONS MUST BE ANSWERED. If none or not applicable, so indicate.
- If a form is not completed by Nov. 1, the resulting foal will not be eligible for the Program
- This report is for compliance to Rule 75-1-19 of the Rules of Racing.

FOR OFFICE USE ONLY

RECEIPT # / WO # R _____

PROCESSED BY _____

DATE PROCESSED _____

A. DONOR MARE INFORMATION (If necessary, contact previous owner(s) for correct information):

Donor Mare Name: _____ OKB #: _____

Owner of Donor Mare: _____ Telephone Number: _____

Location of Broodmare: (DO NOT USE P.O. BOX)

Farm Name and Address City State

Any other locations where mare was kept and dates _____

Mare (embryo) bred to _____
Name of Stallion Location of Sire (City and State)

B. RECIPIENT MARE INFORMATION:

Name/Number of Recipient Mare: _____

Owner of Recipient Mare: _____

Location of Recipient Mare: _____

Location Contact Person: _____ Telephone Number: _____

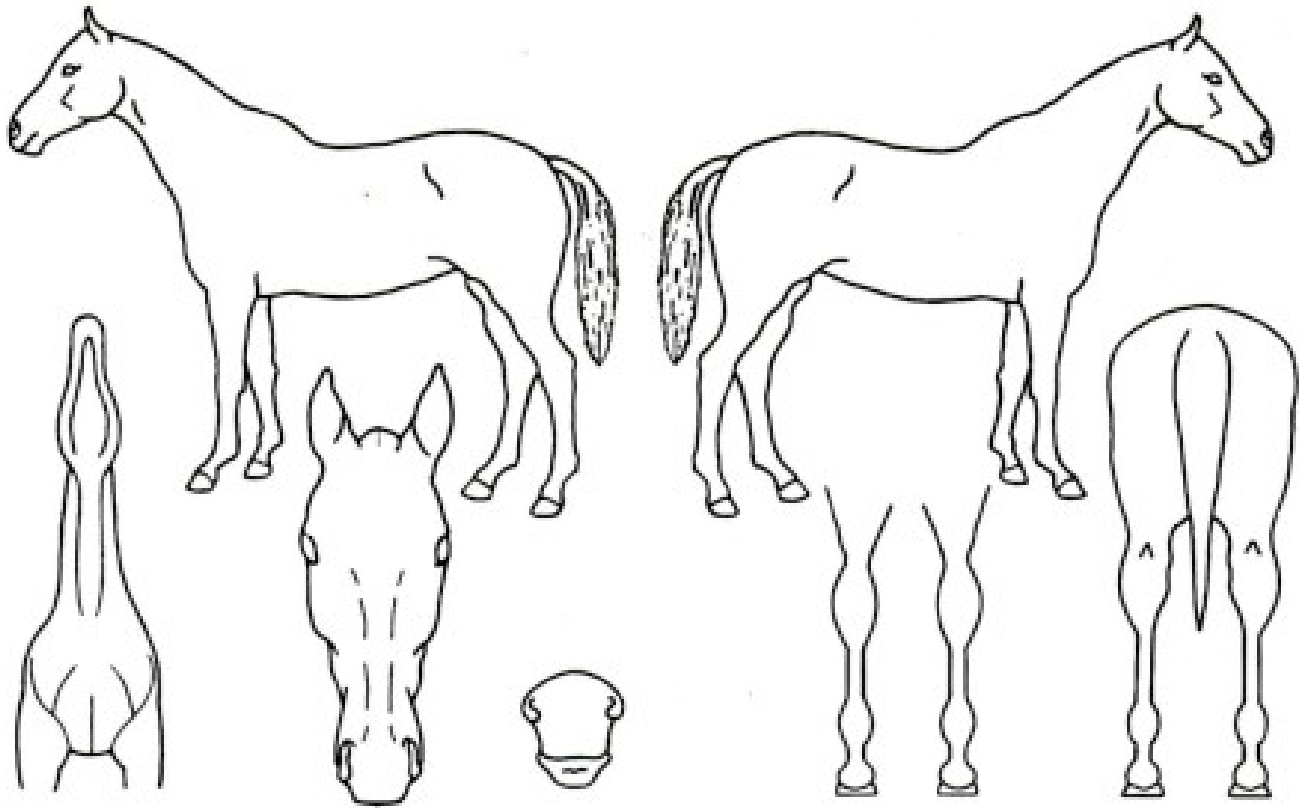
Breeding Date: _____ Expected Foaling Date: _____

C. IDENTIFICATION: (Attach copy of registration papers, digital pictures of mare, enter tattoo/microchip numbers, and draw markings on backside):

Microchip or Tattoo Number: _____

Description of Markings (describe any markings/cowlicks/brands, etc. that may help identify the recipient mare):

Please see next page for diagram of horse to further draw in markings etc.



I, the undersigned owner or authorized agent, 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 the Commission. I further certify that the information supplied on this form is complete and correct. I agree to comply with the *Rules of Racing* and Directives of the Oklahoma Horse Racing Commission, the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof. At the time of this signing, the horse is alive and the death of this horse shall be reported to the Commission within 30 days of such occurrence. I further understand that this form and any information submitted with this form is subject to disclosure under the Open Records Act of Oklahoma and that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep such information from public access nor reasonable expectation that such information will be kept from public access.

**I HAVE READ AND UNDERSTAND THE FOREGOING AND KNOWINGLY
AND VOLUNTARILY ATTACH MY SIGNATURE HEREUNTO.**

Print: _____
Print Name of Applicant

Sign: _____ **Date:** _____
Signature of Applicant

NOTE: FORMS MAY CHANGE. PLEASE CONTACT THE OHRC EACH YEAR FOR INFORMATION REGARDING ANY CHANGES.

Please submit completed report(s) with required documents to the following address:

OKLAHOMA-BRED PROGRAM REGISTERING AGENCY
Oklahoma Horse Racing Commission
2800 N. Lincoln Blvd, Suite 220
Oklahoma City, OK 73105
Phone (405) 943-6472 ~ Fax (405) 943-6474
Website- www.ohrc.ok.gov