

# 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.
- The "Recipient Mare Form" may be completed after the November 1 deadline but prior to the Recipient Mare Foaling and shall include a late fee of \$100.00 to be eligible.
- 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: \_\_\_\_\_

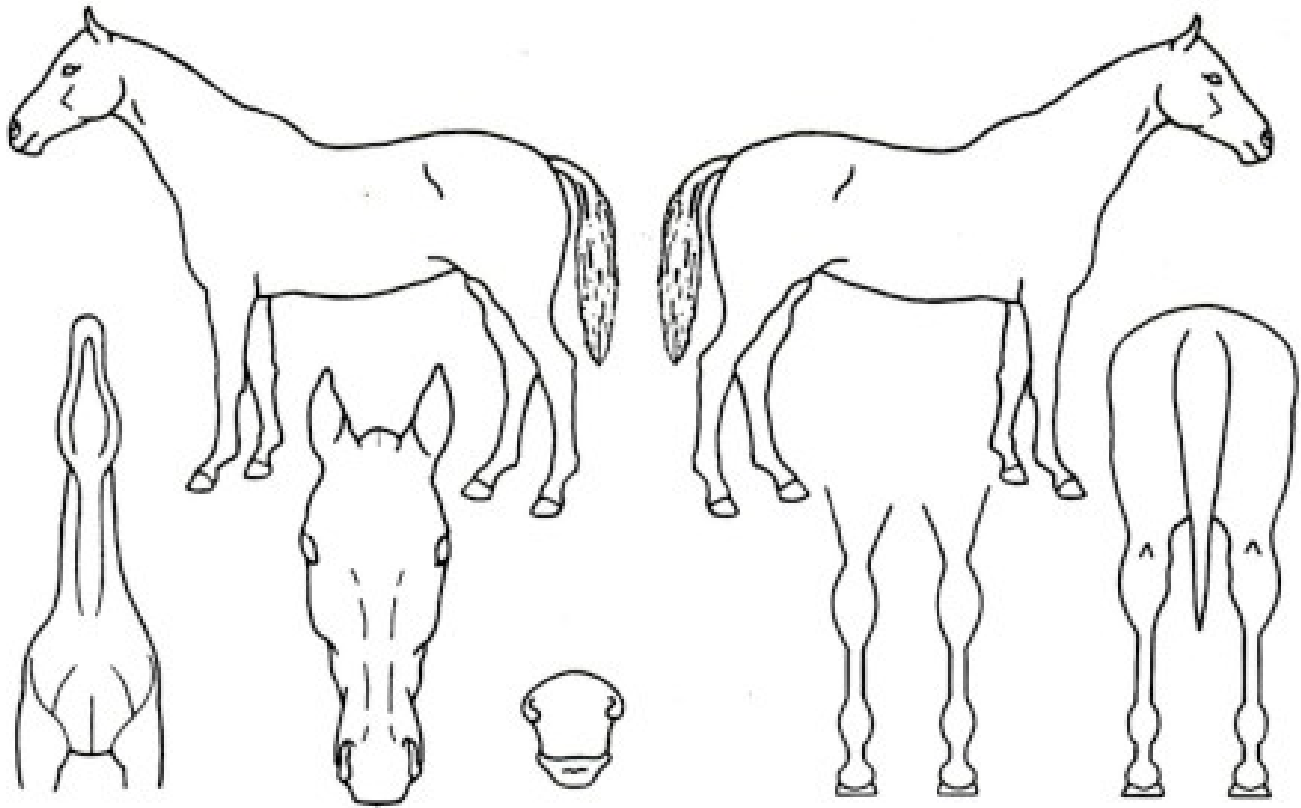
### C. IDENTIFICATION: (Attach copy of registration papers, digital pictures of mare, enter tattoo/microchip numbers, and draw markings on backside):

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](http://www.ohrc.ok.gov)**