

KANSAS HORSEMAN'S ASSOCIATION, INC.

OFFICIAL BREED REGISTERING AGENCY FOR THE KANSAS RACING COMMISSION

APPLICATION FOR KANSAS DOMICILED PROGRAM

APPLICATION FOR KANSAS BRED PROGRAM

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

(1)	STALLION <input type="checkbox"/>	MARE <input type="checkbox"/>	GELDING <input type="checkbox"/>			
(2) BREED:	TB <input type="checkbox"/>	QH <input type="checkbox"/>	APP <input type="checkbox"/>	PAINT <input type="checkbox"/>	ARAB <input type="checkbox"/>	STB <input type="checkbox"/>
(mark box with an X)		Color: _____				
(3) NOTICE: ONLY THOSE STALLIONS AND MARES WHICH ARE REGISTERED AS KS-BRED OR KS-DOMICILED QUALIFY FOR CERTIFICATE OF ELIGIBILITY—(OTHER CONDITIONS ALSO APPLY—SEE FORM)						
(4) NAME OF HORSE _____ (If unnamed, so state)						
KS BRED <input type="checkbox"/> KS DOMICILED <input type="checkbox"/> KS. REG. NO. _____						
NAT. BRED REG. NO. _____ LIP TATTOO NO. _____ FOALING DATE: _____						
SIRE _____						
DAM _____						
(5) FOALING LOCATION OR LOCATION WHERE MARE RESIDES OR STALLION WILL STAND:						
NAME (FARM OR RANCH) _____						
ADDRESS _____						
STATE _____ ZIP CODE _____ PHONE () _____						
FARM MANAGER _____ PHONE () _____						
BEGINNING DATE OF HORSE'S RESIDENCE AT ABOVE LOCATION _____						
(6) COMPLETE OWNERSHIP SECTION AS IT APPEARS ON REGISTRATION						
OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SYNDICATE OR CORPORATION <input type="checkbox"/>						
(all owners must be listed giving complete information for each...attach additional sheets if necessary)						
NAME _____						
ADDRESS _____						
CITY _____ STATE _____ ZIP CODE _____						
PHONE () _____ SOC. SEC. NO. _____ FED. ID. NO. _____						
(7) NAME AND ADDRESS OF STALLION OWNER AT THE TIME OF CONCEPTION						
NAME _____						
ADDRESS _____						
CITY _____ STATE _____ ZIP CODE _____						
FARM MANAGER _____						
(8) NAME AND ADDRESS OF FOAL OWNER						
NAME OF OWNER _____ (Print or type)						
SIGNATURE _____ ADDRESS _____						
CITY _____ STATE _____ ZIP _____ PHONE () _____						
SOCIAL SECURITY NO. _____ OR FED ID# _____						

