



MINNESOTA RACING COMMISSION
 P.O. Box 630
 Shakopee, Minnesota 55379
 Telephone: 952-496-7950
 Fax: 952-496-7954
 www.mrc.state.mn.us

For Office Use Only

MRC number

Date

2008 FOAL REGISTRATION APPLICATION

ARABIAN
 QUARTER HORSE
 THOROUGHBRED

Foaling Date (Month/Day/Year) _____

Sire of Foal _____ Dam of Foal _____

Sex of Foal _____ Color of Foal _____

Markings on Foal:

Owner of Mare _____

Address _____

City/State/Zip Code _____

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.

 (Signature of Mare Owner/Agent)

 (Phone Number)

VETERINARIAN CERTIFICATE

I hereby state that I am a Doctor of Veterinary Medicine currently licensed by the State of _____ and that on the _____ day of _____ 2008 I personally observed the foal described on this registration form and on information and belief attest to the accuracy of this foal's description, date of foaling and foaling location.

 (Date)

 (Signature of Attending Veterinarian)

 (Veterinary License Number)

 (Type or Print Name of Attending Veterinarian)

THIS FORM MUST BE RECEIVED BY THE MRC WITHIN 30 DAYS OF FOALING.

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).