



**Ontario Quarter Horse Racing Industry Development Program
Princess Breeding Certificate Transfer Application**

**2023
BREEDING YEAR**

Conditions of Transfer

1. The Princess Breeding Certificate may only be transferred once during the breeding season.
2. Approval must be granted by the Program Administrator before breeding.
3. The certificate may only be transferred to another mare in the same ownership or a related ownership entity.
4. In order to redeem the certificate, the mare to which the certificate is being transferred must be enrolled in the Program Registry for accreditation status for the 2024 foaling year and must reside in Ontario for 270 days including foaling date.

FOR OFFICE USE ONLY:	
Date Received:	_____
Received by: Mail	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>
Date Entered:	_____
Processed By:	_____

Owner Application Information (PLEASE PRINT)

Name of Applicant		Mailing Address
AGCO Licence #		
Telephone		
Email		

Transfer Information (PLEASE PRINT)

TRANSFER	FROM (MARE NAMED ON CERTIFICATE)	TO (TRANSFER MARE)
Name Of Mare		
AQHA Registration #		

Attach copy of AQHA Registration of both mares

Reason for Transfer request. (*Attach additional info as necessary.*)

MANDATORY DECLARATION

I, the undersigned, certify that I have full power and authority to execute and file this application and that each person or entity having ownership interest in the horses to which this application may apply has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in horses to which this application may apply 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 Ontario Racing. I understand that the Program Registry may share my contact information (including by electronic means) for the purpose of administering the Ontario Quarter Horse Racing Industry Development Program. I agree to comply with the Horse Racing License Act, 2015, the Rules of Thoroughbred Racing and the Rules of Quarter Horse Racing of the Alcohol and Gaming Commission of Ontario (AGCO). I further certify that information on this form is complete and correct, and I hereby assume full responsibility for the information provided. I understand that the Program Administrator reserves the right to amend, cancel or alter the Program and/or make changes to the terms, conditions, and benefits of any nature and kind whatsoever and, the signatories of this form hereby agree to be bound by such changes.

Signature of Applicant **X** _____

Date _____



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IF BOTH MARES ARE NOT OWNED BY THE IDENTICAL OWNERSHIP ENTITY, CURRENT OWNERS OF MARE NAMED ON THE PRINCESS BREEDING CERTIFICATE MUST COMPLETE THIS SECTION.

Transfer of Princess Breeding Incentive Certificate (Attach copy of Certificate)

Mare Name: _____ Certificate # _____

Owner(s) Names: _____

By signing below, I direct Ontario Racing to transfer all rights and funds associated with the above noted Princess Breeding Certificate to:

Owner(s) of Transfer Mare (please print)

Each of the current owners listed above (including all members of a partnership or stable) must sign below and provide a clear photocopy of a piece of identification with a photograph and signature. Acceptable forms of ID are: Drivers Licence; Passport, Health Card.

_____ Signature _____ Date _____

_____ Signature _____ Date _____

_____ Signature _____ Date _____

_____ Signature _____ Date _____

FOR INFORMATION OR TO SUBMIT COMPLETED FORMS:

Quarter Horse Racing Industry Development Program
 Ontario Racing
 PO Box 160, Campbellville, ON L0P 1B0
 Phone: (416) 576-6298 Fax: (416) 477-5499
 Email: qhprogram@ontarioracing.com

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- Copy of the Princess Breeding Certificate
- AQHA Certificate of Registration for the filly named on the above Certificate
- AQHA Certificate of Registration for the transfer mare
- Application to Accredite an Ontario Broodmare for the transfer mare (if not already enrolled)

FOR OFFICE USE ONLY

Date of Transfer Mare Program Enrollment: _____ Date of Transfer Approval: _____

Signature: _____