



**APPLICATION REQUIREMENTS**

- **Application is only required if the Horse or Foal has not previously been recorded with the Program Registry.**
- The owner or lessee of the horse or foal must be enrolled with the Program.
- **You must provide a clean, legible copy of the AQHA CERTIFICATE OF REGISTRATION with this application.**
- Only the registered owner or lessee of the horse or foal can apply to have the horse recorded.
- If you are the lessee, you must submit a clean, legible copy of the AQHA LEASE AUTHORIZATION form with this application.
- **A SEPARATE FORM IS REQUIRED FOR EACH HORSE OR FOAL.**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 Confirmation Date: \_\_\_\_\_  
 Mail  Fax  Email   
 Approval Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**HORSE / FOAL INFORMATION**

<b>Registered Name:</b>	<b>AQHA REGISTRATION #:</b>	<b>Year of Birth (yyyy)</b>
Is this foal the product of Embryo Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This horse/foal is to be recorded as: <input type="checkbox"/> Ontario Foaled <input type="checkbox"/> Ontario Bred <input type="checkbox"/> Ontario Sired		

**OWNER / LESSEE INFORMATION**

Are you the owner or lessee of this horse or foal? <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	<b>AQHA ID # (member #):</b>	<b>AGCO LICENCE # (6 digits):</b> <b>HP</b>
<b>OWNER NAME as appearing on the AQHA CERTIFICATE OF REGISTRATION</b>		

**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 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 Licence Act, 2015, and the Rules of Thoroughbred Racing and 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.

**NOTE: 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.**

**X** \_\_\_\_\_  
 Signature Date (dd/mm/yyyy)

**PRIVACY AND CONSENT**

I give the Program Registry permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program.  YES  NO Signature: **X** \_\_\_\_\_

**Completed forms should be sent to:**  
**By Mail: Ontario Racing**  
 c/o Woodbine Mohawk Park  
 PO Box 160, Campbellville, ON L0P 1B0  
**Attention: Quarter Horse Program**  
**By Fax: (416) 477-5499**  
**By Email: qhprogram@ontarioracing.com**

**For information regarding the Program, contact the Quarter Horse Program Coordinator:**  
**By Phone: (416) 477-5529**  
**By Fax: (416) 477-5499**  
**By Email: [qhprogram@ontarioracing.com](mailto:qhprogram@ontarioracing.com)**