Ontario Quarter Horse Racing Industry Development Program

Application to Accredit an Ontario Stallion

2027

APPLICATION REQUIREMENTS

- The registered Owner or Lessee of the stallion must be enrolled with the Program for the current year, and must hold a valid, current AGCO licence.
- **A clean, legible copy of the current AQHA CERTIFICATE OF REGISTRATION must be provided with this application.**
- If you are the Lessee, you must provide a clean, legible copy of the AQHA LEASE AUTHORIZATION form with this application.
- A Thoroughbred stallion must have an AQHA number, and the Owner or Lessee must provide a copy of The Jockey Club or CTHS registration papers.

YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM. SEPARATE FORMS ARE REQUIRED FOR EACH STALLION.

FOR OFFICE USE ONLY:

Date Received: _____

Mail ❑ Fax ❑ Email ❑

Date Entered: _____

Processed By: _____

Confirmation Date: _____

Mail ❑ Fax ❑ Email ❑

Approval Date: _____

FEES

- There is no fee if enrolment is received before January 15.
- There is a $200 late fee for enrolments received after January 15 for actively breeding stallions, including use of frozen semen from inactive/gelded/deceased stallions.
- Inactive stallions may enroll up to 7 days after the end of racing to be eligible for Stallion Awards.

MANDATORY DECLARATION

I am aware that a stallion cannot be accepted as an ONTARIO ACCREDITED STALLION after he has bred any mares in the current season. I declare that unless making a "late" application, this Stallion has not, and will not, breed any mares before this application is approved by the Program.

X Signature of Owner or Lessee	Date of Application (dd/mm/yyyy)

STALLION INFORMATION

Stallion Registered Name:	AQHA REGISTRATION #:	Year of Birth (yyyy)

Remember to attach a copy of the AQHA Certificate of Registration (front) or The Jockey Club or CTHS registration papers (front and back).

Was this stallion registered as AN ONTARIO ACCREDITED STALLION in 2026? ❑ YES ❑ NO	Will this stallion stand in the Southern Hemisphere in 2027? ❑ YES ❑ NO	This stallion **retired** from stud in the year: (yyyy) This stallion **died** in the year: (yyyy)
Registered Owner:		AQHA ID # of Owner:
Is the Stallion Leased? ❑ YES ❑ NO	**If yes,** what year does the lease expire? (yyyy)	**The lease must be on file with AQHA, and a copy of the lease attached to this application.**
If Leased, Name of Lessee:		AQHA ID # of Lessee:

Name of farm (Principal Residence) where stallion will be standing for the 2027 Breeding Season:

Farm Address (If no street address, please give county, township, lot and concession number):
Street/Fire address:

City / Town: Province: **Ontario** Postal Code:

Contact Person:	Phone:	Fax:
For promotional purposes, please provide website of farm where stallion is standing:	For promotional purposes, please provide email of farm where stallion is standing:	

APPLICATION TO ACCREDIT AN ONTARIO STALLION 2027

MANDATORY DECLARATIONS -- YOUR SIGNATURE BELOW CONSTITUTES YOUR AGREEMENT TO ALL CONDITIONS

1. *I declare* that the highest advertised 2027 stud fee for this stallion will be $_____

   Please Note: If you do not wish the fee to be published or posted on the Program website you may list **"Private Fee"** as the stud fee. However, you must write the highest amount you would charge for a service fee.

   Highest Service Fee: $_____

2. *I declare* that the information concerning the principal residence of this stallion is correct and that this stallion shall be made available for inspection by representatives of the Program Registry at any time.
   - I further understand that if the declared location of the residency is in question, the onus will be on the owner/lessee to provide further documentation to verify eligibility as an Ontario Accredited Stallion.
   - I understand that should I fail to provide documentation as requested the stallion may be ineligible for Ontario Accredited Stallion status.
   - I understand the Program Administrator may share my contact information (including by electronic means) for the purpose of administering the Ontario Quarter Horse Racing Industry Development Program.

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 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 Ontario Racing.

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).

3. I further certify that I have read and understand the conditions of stallion eligibility as published by Ontario Racing and certify that this stallion meets these eligibility requirements and that the information stated on this form is true and correct. I hereby assume full responsibility for the information provided.
4. **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.**

PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX, AND SIGN IN THE APPROPRIATE AREA BELOW:

Signature of the Stallion Owner if the stallion is not leased. The *Corresponding Officer* must sign on behalf of a multiple ownership group.

OWNER SIGNATURE: X _____

DATE: _____

PHONE #: _____

AGCO LICENCE #: **HP**_____

Signature of the *Stallion Lessee* if the stallion is leased. The *Corresponding Officer* must sign on behalf of a Lessee group.

LESSEE SIGNATURE: X _____

DATE: _____

PHONE #: _____

AGCO LICENCE #: **HP**_____

☐ $200 Late fee after January 15 enclosed.

PRIVACY AND CONSENT

I give the Program Administrator 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: **Quarter Horse Program**
Ontario Racing
c/o Woodbine Mohawk Park
PO Box 160, Campbellville, ON L0P 1B0

By Email: qhprogram@ontarioracing.com

For information regarding the Program, contact the Quarter Horse Program Coordinator:

By Phone: (416) 576-6298
By Fax: (416) 477-5499
By Email: qhprogram@ontarioracing.com