



**2020
BREEDING YEAR**

STALLION REGISTRATION

SEPARATE FORMS ARE REQUIRED FOR EACH STALLION

Completed forms should be sent to:
Ontario Racing
Standardbred Improvement Program
c/o Woodbine Mohawk Park
PO Box 160
Campbellville, ON L0P 1B0

For more information, contact:
OSS Administration Coordinator
Phone: 905-854-7808
Email: records@ontariosiresstakes.com

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Processed By: _____

Make cheques payable to: "Ontario Sires Stakes"

This registration form and all fees must be submitted to the above address not later than
JANUARY 15, 2020 or the \$500 late fee will apply.

LEVY: 50% of the service fee declared or \$500, whichever is greater. This Levy is due and payable for each stallion.

- Renewal (registered in 2019) **\$100** _____
OR
 New (not registered in 2019) **\$200** _____
OR
 Late (after January 15, 2020) **\$500** _____

PLUS LEVY: _____

TOTAL FEE ENCLOSED: \$ _____

Note: Any Owner, Lessee, or Authorized Agent signing this application must hold a current valid Alcohol And Gaming Commission of Ontario (AGCO) licence. An Authorized Agent may sign on behalf of an Owner or Lessee, **IF:**

- The Owner **or** Lessee holds a valid, current AGCO licence,
- The Authorized Agent holds a valid current AGCO licence, **AND**
- The appropriate **Authorized Agent** documents are recorded on file with Standardbred Canada.

I am aware that a stallion cannot be registered for the Program after he has bred any mares in the current season. I declare that this stallion has not, and will not, breed any mares before this application is approved by the Program.

Signature X _____

| STALLION INFORMATION | | | |
|---|--|---|---|
| Stallion Registered Name: | Year of Birth: (yyyy) | Tattoo / Freeze Brand Number: | Gait: <input type="checkbox"/> TROT <input type="checkbox"/> PACE |
| Sire: | Dam: | Sire of Dam: | |
| Was this stallion registered as an Ontario Sire in 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Will this stallion stand in the Southern Hemisphere in 2020? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Registered Owner: | | Province / State of Residence: | |
| Is the Stallion Leased? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, what year does the lease expire? (yyyy) | If Leased, Name of Lessee: | Province / State of Residence: |
| A copy of the lease must be on file with Standardbred Canada | | | |
| Name of farm where stallion will be standing for the 2020 Breeding Season: | | | |
| Farm Address: (If no street address, please give county, township, lot and concession number): | | | |
| City / Town: | Province: Ontario | Postal Code: | |
| Contact Person: | Phone: | Fax: | |
| Please provide website of farm where stallion is standing: | | Please provide email of farm where stallion is standing: | |
| YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM | | SB-Stallion-Reg-2020 ver. 1.0 | |

MANDATORY DECLARATIONS -- Your signature below constitutes your agreement to all conditions.

1. I declare that the highest advertised 2020 stud fee for this stallion will be \$ _____

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

Highest Service Fee: _____

2. In the case where **this stallion is a renewal** and **not** a Dual Hemisphere stallion,

I declare that this stallion did not leave the Province of Ontario for breeding purposes at any time during the 2019 breeding season.

3. In the case where **this stallion is a renewal**,

No mares were bred with frozen semen in the 2019 Northern Hemisphere breeding season ... **OR**

One or more mares were bred in 2019 with frozen semen collected while the stallion was in Ontario and registered for the Program.

4. For Dual Hemisphere Stallions of 2019:

Date of **Return to Ontario** from Southern Hemisphere in 2019:

_____ (dd/mm/yyyy)

Date of **Departure from Ontario** in 2019:

_____ (dd/mm/yyyy)

If U.S. quarantined, **Date of Departure from North America** in 2019:

_____ (dd/mm/yyyy)

5. 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 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 for the Program.
- I understand that should I fail to provide documentation as requested the stallion may be ineligible for **Ontario Sire** status.
- I understand that the Program Administrator may share my contact information (including by electronic means) for the purpose of administering the Ontario Horse Improvement Program and the Standardbred Improvement 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 the Program Administrator.

I agree to comply with the *Horse Racing Licence Act*, and the *Rules of Standardbred Racing* of the Alcohol and Gaming Commission of Ontario (AGCO).

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.

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: X _____

PLEASE PRINT NAME: _____

DATE: _____ (dd/mm/yyyy)

AGCO LICENCE #: _____

EXPIRY DATE: _____ (dd/mm/yyyy)

I am the:

- Owner or Corresponding Officer of the Ownership Group
- Lessee or Corresponding Officer of the Lessee Group
- Authorized Agent

A copy of the appropriate Authorized Agent and/or lease documents must be on file with Standardbred Canada.

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 Horse Improvement Program and the Standardbred Improvement Program.

YES NO

Signature: X _____