



**A copy of the foal's CTHS Certificate of Registration must be submitted with this form.**

MARE INFORMATION		
Mare Registered Name:	CTHS/The Jockey Club Registration Number:	Year of Birth (yyyy):
BREEDER INFORMATION		
Breeder of Record: (Owner of mare at time of foaling)		AGCO Licence #
Address:		
City/Town:	Province/State	Postal/Zip Code
Phone:	Email:	
FARM INFORMATION WHERE MARE COMPLETED HER RESIDENCY		
Name of farm where mare completed her Ontario Residency in 2020:		Contact Person:
911 Farm Address: (If no street address, please give county, township, lot and concession number)		
City / Town:	Province: <b>Ontario</b>	Postal Code
Phone:	Email:	
FARM INFORMATION WHERE MARE FOALED		
Name of farm where mare foaled in 2020:		Contact Person:
Address: <input type="checkbox"/> Same As Above		
City / Town:	Province: <b>Ontario</b>	Postal Code
Phone:	Email:	
MANDATORY DECLARATIONS- YOUR SIGNATURE BELOW CONSTITUTES YOUR AGREEMENT TO ALL CONDITIONS		
<p>I declare that the information concerning the principal residence of this mare is correct and that this mare shall be made available for inspection by representatives of the Program at any time.</p> <ul style="list-style-type: none"> <li>I further understand that if the declared location of the residency is in question, the onus will be on the Breeder to provide further documentation to verify eligibility as an ONTARIO RESIDENT MARE.</li> <li>I understand that should I fail to provide documentation as requested, the mare may be ineligible for ONTARIO RESIDENT MARE status, and its offspring may not qualify as REGISTERED ONTARIO BRED.</li> <li>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 Thoroughbred Improvement Program.</li> </ul> <p>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 mare has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this mare 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 <i>Horse Racing Licence Act, 2015</i>, and the <i>Rules of Thoroughbred Racing of the Alcohol and Gaming Commission of Ontario (AGCO)</i>. I further certify that I have read and understand the conditions of mare eligibility as published by Ontario Racing and certify that this mare meets these eligibility requirements and that the information stated on both sides of this form is true and correct. I hereby assume full responsibility for the information provided.</p> <p><b>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.</b></p>		
<b>PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX:</b>		
(SIGN IN THE APPROPRIATE AREA BELOW)		
<b>BREEDER SIGNATURE:</b> _____ Date: _____ AGCO Licence #: _____		An <b>AUTHORIZED AGENT</b> may sign on behalf of the Breeder if the <b>AUTHORIZED AGENT</b> and the breeder hold a valid, current AGCO licence, and the appropriate <b>AUTHORIZED AGENT</b> documents are on file with Ontario Racing Management.
If the Breeder is a Stable, Partnership, Syndicate or Corporation, signature of a member of the Stable, Partnership, Syndicate or Corporation is required.  <b>BREEDER SIGNATURE:</b> _____ Date: _____ AGCO Licence #: _____		
		<b>AUTHORIZED AGENT SIGNATURE:</b> _____ Phone: _____ Date: _____ AGCO Licence #: _____
YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM		

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<b>MARE INFORMATION 2020</b>		
<b>Mare Registered Name:</b>	Date of Foaling in 2020 (mm/dd):	
To be eligible as an ONTARIO RESIDENT MARE for the 2020 foal year, the mare must meet one of the five conditions listed below. Please indicate which condition applies to this mare.		
<b>This mare will foal (or has foaled) in Ontario in 2020 and complies with the following criteria:</b>		
<input type="checkbox"/> <b>Criteria 1: The mare was in Ontario on <u>December 1<sup>st</sup> 2019</u> and remained in Ontario until foaling.</b>	<ul style="list-style-type: none"> <li>• If the mare is a permanent resident of Ontario, please check here <input type="checkbox"/> <b>OR</b></li> <li>• Date of mare's arrival in Ontario _____</li> <li><input type="checkbox"/> A copy of the foal's CTHS Certificate of Registration has been submitted with this form.</li> </ul>	The Program Administrator may request transportation and/or border crossing documents to validate entry date.
<input type="checkbox"/> <b>Criteria 2: The mare was resident in Ontario for <u>60 consecutive days</u> surrounding foaling in Ontario.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Date that the mare began her residency period in Ontario : _____</li> <li><input type="checkbox"/> A copy of the foal's CTHS Certificate of Registration has been submitted with this form.</li> </ul>	The Program Administrator may request transportation documents and/or copies of records for the mare such as invoices for veterinarian services, farrier (blacksmith) services, or boarding services during the declared residency period, to verify the mare's residency period.
<input type="checkbox"/> <b>Criteria 3: The mare foaled in Ontario and was bred back to an ONTARIO SIRE.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Name of ONTARIO SIRE that mare was bred back to: _____ The last date bred as would be reported on a _____</li> <li><input type="checkbox"/> <i>Report of Mares Bred</i> filed with The Jockey Club: _____</li> <li><input type="checkbox"/> A copy of the foal's CTHS Certificate of Registration has been submitted with this form.</li> </ul>	
<input type="checkbox"/> <b>Criteria 4: The mare was purchased, or RNA (Reserve Not Attained) at a CTHS-recognized sale or auction, and arrived within the boundaries of Ontario no later than thirty (30) days after the date of purchase (or RNA) at sale.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Name of sale _____</li> <li><input type="checkbox"/> Date of sale _____</li> <li><input type="checkbox"/> Sale hip # for mare _____</li> <li><input type="checkbox"/> Date of mare's arrival in Ontario _____</li> <li><input type="checkbox"/> A copy of the foal's CTHS Certificate of Registration has been submitted with this form.</li> </ul>	The Program Administrator may request transportation and/or border crossing documents to validate entry date.
<input type="checkbox"/> <b>Criteria 5: The mare was purchased in a bona-fide private sale, arrived in Ontario within 30 days of the date of transaction and remained in Ontario until foaling.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Date of sale/purchase: _____</li> <li><input type="checkbox"/> Date of mare's arrival in Ontario: _____</li> <li><input type="checkbox"/> A copy of the foal's CTHS Certificate of Registration has been submitted with this form.</li> </ul>	Either a copy of the mare's registration papers must be submitted with this form as proof of ownership, <b>OR</b> a copy of the purchase/transaction receipt, clearly indicating the date of the transaction. <i>The purchase price may be blacked-out on the document.</i> The Program Administrator may request Transportation and/or border crossing documents to validate the entry date.
<b>PRIVACY AND CONSENT:</b>		
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 Thoroughbred Improvement Program.		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature: _____	
<b>FOR PROGRAM INFORMATION, SUBMISSION OF COMPLETED FORMS OR TO CONTACT:</b>		
<b>ONTARIO RACING</b> <b>Attention: TIP Coordinator</b> 555 Rexdale Boulevard P.O. Box 156, Toronto, ON, Canada M9W 5L2 Phone: (416) 675-3993 ext. 2633 Fax: (416) 213-2104 Email: <a href="mailto:tbprogram@ontarioracing.com">tbprogram@ontarioracing.com</a>		