



SEPARATE FORMS ARE REQUIRED FOR EACH STALLION

Completed forms should be sent to:

Ontario Racing - Attention: TIP Coordinator

400 - 10 Carlson Court, Etobicoke, ON, Canada M9W 6L2

Make cheques payable to: **"Thoroughbred Improvement Program"**

This registration form and all fees must be submitted to Ontario Racing no later than **JANUARY 15, 2024** or the **\$500 late fee will apply.**

REGISTRATION FEE:

- Renewal (registered in 2023) **\$100** _____ **OR**
- New (not registered in 2023) **\$200** _____ **OR**
- Late (after January 15, 2024) **\$500** _____

TOTAL FEE ENCLOSED: \$ _____

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Processed By: _____

Note: The AUTHORIZED AGENT for the stallion may sign on behalf of an Owner or Lessee, **IE:**

- The Owner or Lessee holds a valid, current AGCO licence,
- The AUTHORIZED AGENT holds a valid current AGCO licence,
- The AUTHORIZED AGENT is an ONTARIO RESIDENT, AND
- The appropriate AUTHORIZED AGENT documents are on file with the Program Administrator.

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.

X _____
Signature of Owner, Lessee or Authorized Agent

Date of Application (dd/mm/yyyy)

STALLION INFORMATION		
Stallion Registered Name:	The Jockey Club Registration Number:	Year of Birth: (yyyy)
Sire:	Dam:	Sire of Dam:
Was this stallion registered as an Ontario Sire in 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will this stallion stand in the Southern Hemisphere in 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Registered Owner:	AGCO Licence #:	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)	(A copy of the lease OR a <i>Stallion Lease Declaration Form</i> must be on file with Ontario Racing)	
If Leased, Name of Lessee:	AGCO Licence #:	Province/State of residence:
FARM INFORMATION		
Name of farm where stallion will be standing for the 2024 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		

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

1. I declare that the highest advertised 2024 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. 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 2023 breeding season.

3. For Dual Hemisphere Stallions of 2023:
 Date of **Return to Ontario** from Southern Hemisphere in 2023: _____ (dd/mm/yyyy) Date of **Departure from Ontario** in 2023: _____ (dd/mm/yyyy) If U.S. quarantined, **Date of Departure from North America** in 2023: _____ (dd/mm/yyyy)

4. 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 Administrator 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.
- I understand that should I fail to provide documentation as requested the stallion may be ineligible for ONTARIO SIRE status.
- I give the Program Administrator permission to share my contact information (including by electronic means) for the purpose of administering the Ontario Horse Improvement Program and the Thoroughbred 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 Ontario Racing.

I agree to comply with the *Horse Racing Licence Act, 2015*, and the *Rules of Thoroughbred 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.

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:

SIGNATURE: X _____	I am the: <input type="checkbox"/> Owner/Member of the Ownership Group, OR <input type="checkbox"/> Lessee/Member of the Lessee Group, OR <input type="checkbox"/> Authorized Agent
DATE: _____	
AGCO LICENCE #: _____	
EXPIRY DATE: _____ (dd/mm/yyyy)	

STALLION AWARDS RECIPIENT

Name of person to whom Stallion Awards will be issued for 2024: _____	Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Authorized Agent <input type="checkbox"/>
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Address: _____

City/Town: _____	Province/State: _____	Postal/Zip Code: _____
Phone: _____	Email: _____	

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 Thoroughbred Improvement Program.	<input type="checkbox"/> YES <input type="checkbox"/> NO Signature: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

CONTACT INFORMATION

Ontario Racing
Attention: TIP Coordinator
 400 - 10 Carlson Court
 Etobicoke, ON, Canada M9W 6L2 Phone: (416) 675-3993 ext. 2633
 Fax: (416) 477-5499 Email: tprogram@ontarioracing.com Website: tip.ontarioracing.com

