

OFFICIAL PA-BRED REGISTRATION APPLICATION

PHBA Form **H2014**

MUST BE COMPLETE AND SIGNED BY BREEDER AND FARM OWNER(S) - PLEASE PRINT CLEARLY - NO FAXES

REGISTRATION ELIGIBILITY - The foal must be born in Pennsylvania, is the subject of a current certificate of registration issued by The Jockey Club, **and** meets at least **one** of the following conditions: (application, payment and documents **MUST BE COMPLETE** or **ALL WILL BE RETURNED**)

- 1 For foals of **2008** and thereafter, the **dam** of the foal resided **continuously** in Pennsylvania since **October 1** of the year of conception **through foaling**; or
- 2 The dam of the foal was **purchased at a public sale after October 1** of the year of conception and brought into Pennsylvania within **14 days** of the date of purchase and remained continuously through foaling. During the year of foaling, the foal or its dam spent at least **ninety (90) days** in the state; or
Name of **Public Sale**: _____ Date of Sale: _____
- 3 **Breed back** for mares arriving after October 1 of the year of conception and foaling in Pennsylvania: **The dam of the foal was bred back to a stallion standing in Pennsylvania** (which was registered with the PHBA as a Pennsylvania stallion during the breeding season of the year of foaling), and said **dam of the foal resided in the state for at least ninety (90) consecutive days during the year which foaling occurred.**

Stallion bred back to: _____ Date: _____

Stallion stands at: _____ Phone: _____

BREEDER INFORMATION: BREEDER NAME _____

(BREEDER is the Owner of Dam at time of foaling - ONE NAME ONLY - MUST MATCH BRED-BY on TJC CERTIFICATE and NAME ON W-9)

BREEDER's SSN or EIN _____ - **ENCLOSE COMPLETE/SIGNED MATCHING W-9**

Check breeder's tax reporting entity: **Individual/Sole Proprietor** **Corporation** **Partnership** **Other** _____

Breeder's Address _____ Farm Name _____

City _____ State _____ Zip _____ Phone _____

Breeder's Farm Dates: Foal: From _____ To _____ **Dam:** From _____ To _____

FOAL INFORMATION: **ENCLOSE COPY OF JOCKEY CLUB CERTIFICATE**

Foal Name _____ **Foal's Jockey Club No.** _____

Sire _____ **Reg'd. PA-Sire?** **Yes** **No**

Dam _____ **Foaling Date** _____

Dam's Sire _____ **Color** _____ **Sex** _____

Foaling Farm Owner _____ **Foaling Farm Name** _____

Foaling Farm Address _____ **City** _____ **State** _____ **Zip** _____

Farm Phone _____ **Foaling Farm same as Breeder Name and Address**

Foaling Farm Dates: Foal: From _____ To _____ **Dam:** From _____ To _____

DOMICILE REQUIREMENT IN PENNSYLVANIA FARM OWNER INFORMATION (FARM DOMICILED AT):

Farm Owner _____ **Farm Name** _____

Farm Address _____ **City** _____ **State** _____ **Zip** _____

Farm Phone _____ **Domicile Farm same as Foaling Farm Name and Address**

Domicile Farm Dates: Foal: From _____ To _____ **Dam:** From _____ To _____

AFFIDAVIT OF DOMICILE REQUIREMENTS BY FARM OWNER: I, the **undersigned farm owner**, certify the truthfulness of all information regarding domicile requirements, and agree to promptly provide any additional information requested by PHBA to confirm this submission. I acknowledge that if information provided by me is determined to be inaccurate, false, or fraudulent, I may be forever denied any participation in the Pennsylvania Breeding Fund program.

Domicile Farm Owner's Printed Name _____ **Signature** _____ **Date** _____

AFFIDAVIT OF REGISTRATION INFORMATION BY BREEDER: I, the **undersigned breeder**, certify that, pursuant to the information given by me above, this foal is eligible for registration as a PA-Bred, and participation in the Pennsylvania Breeding Fund. I assume full responsibility for the registration of this foal, and agree that if the foal is determined to be ineligible based upon inaccurate, false or fraudulent information: (1) The foal shall no longer be considered a registered PA-Bred; (2) I may be forever denied the privilege of registering PA-Breds; (3) I may be forever denied the benefit of any and all breeder awards in Pennsylvania; (4) Any awards paid based upon the performance of an ineligible foal shall be returned in full by the recipient to the Pennsylvania Breeding Fund. Furthermore, I agree to promptly provide any additional information requested by the official registrar, PHBA, to confirm information submitted with this registration, or PA-Bred registration may be withheld or withdrawn. I understand that the statements herein are made subject to the penalties of 18 PA C.S. 4904 (relating to unsworn falsification to authorities).

REGISTRATION IS NON-REFUNDABLE / NON-TRANSFERABLE - BREEDER NAME MUST MATCH TJC FOAL CERTIFICATE AND W-9 NAME

BREEDER's Printed Name _____ **Signature** _____ **Date** _____

REGISTRATION DEADLINES, FEES & REQUIREMENTS: **BREEDER** entity is a currently paid PHBA Member: **Yes** **No**

Within 365 days from foaling date **current PHBA members** \$ **50**, **non-members** \$ **125**;

By December 31 of its yearling year **current PHBA members** \$ **100**, **non-members** \$ **250**;

Then LATE - CERTIFIED CHECK/MO, thirty (30) day mandatory waiting period before entry \$ **500**;

WITH THIS FORM, W-9 FORM, COPY OF JOCKEY CLUB CERTIFICATE and CHECK/MO \$ _____ **payable to:**

PHBA - PENNSYLVANIA HORSE BREEDERS' ASSOCIATION

701 East Baltimore Pike, Suite E, Kennett Square, PA 19348 (610) 444-1050 www.pabred.com NO CASH PAYMENTS

office use: Date Rec'd _____ Date Complete _____ Effect. Date _____ Cert. Mailed _____ W-9 _____ PA Reg. No. _____