



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)	ORC 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 2016:	Contact Person:
911 Farm Address: (If no street address, please give county, township, lot and concession number)	
City / Town:	Province: Ontario Postal Code
Phone:	Email:

FARM INFORMATION WHERE MARE FOALED	
Name of farm where mare foaled in 2016:	Contact Person:
Address: <input type="checkbox"/> Same As Above	
City / Town:	Province: Ontario 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"> 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. 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. 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. <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 the Ontario Racing Commission. I agree to comply with the <i>Racing Commission Act, 2000</i>, and the <i>Rules of Thoroughbred Racing</i> of the Ontario Racing Commission. I further certify that I have read and understand the conditions of mare eligibility as published by the Ontario Racing Commission 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>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.</p>	

PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX: (SIGN IN THE APPROPRIATE AREA BELOW)	
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BREEDER SIGNATURE: _____ Date: _____ ORC Licence #: _____	An AUTHORIZED AGENT may sign on behalf of the Breeder if the AUTHORIZED AGENT and the breeder holds a valid, current ORC licence, and the appropriate AUTHORIZED AGENT documents are on file with the Canadian Thoroughbred Horse Society (CTHS). AUTHORIZED AGENT SIGNATURE: _____ Phone: _____ Date: _____ ORC Licence #: _____
If the Breeder is a Stable, Partnership, Syndicate or Corporation, signature of a member of the Stable, Partnership, Syndicate or Corporation is required. BREEDER SIGNATURE: _____ Date: _____ ORC Licence #: _____	



MARE INFORMATION 2016 TBMR – 01 VER.1

Mare Registered Name: Date of Foaling in 2016 (mm/dd):

To be eligible as an ONTARIO RESIDENT MARE for the 2016 foal year, the mare must meet one of the five conditions listed below. Please indicate which condition applies to this mare.

This mare will foal (or has foaled) in Ontario in 2016 and complies with the following criteria:

Criteria 1-5: The mare was in Ontario on October 1st 2015 and remained in Ontario until foaling. Criteria 2: The mare was resident in Ontario for 150 consecutive days surrounding foaling in Ontario. Criteria 3: The mare foaled in Ontario and was bred back to an ONTARIO SIRE. 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. 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.

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.

YES NO Signature:

FOR PROGRAM INFORMATION AND SUBMISSION OF COMPLETED FORMS: TO CONTACT ONTARIO HORSE RACING

CTHS (Ontario Division) P.O. Box 172 Rexdale, ON M9W 5L1 Phone: (416) 675-3602 Fax: (416) 675-9405 Email: cthson@direct.com Thoroughbred Improvement Program c/o Ontario Horse Racing 90 Sheppard Ave E, Suite 200 Toronto, ON M2N 0A4 Phone: (416) 213-1800 Fax: (416) 213-7827 Email: inquiry@ontarioracingcommission.ca

YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM