



**SEPARATE FORMS ARE REQUIRED FOR EACH STALLION**

Completed forms should be sent to: **Canadian Thoroughbred Horse Society (Ontario Division)**  
P.O. Box 172, Rexdale, ON M9W 5L1

Make cheques payable to: "CTHS (Ont. Div.) ITF Thoroughbred Improvement Program"

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Processed By: \_\_\_\_\_

This registration form and all fees must be submitted to CTHS not later than **JANUARY 15, 2019 or the \$500 late fee will apply.**

**REGISTRATION FEE:**

Renewal (registered in 2018) **\$100** \_\_\_\_\_ **OR**

New (not registered in 2018) **\$200** \_\_\_\_\_ **OR**

Late (after January 15, 2019) **\$500** \_\_\_\_\_

**TOTAL FEE ENCLOSED: \$** \_\_\_\_\_

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**

<b>Stallion Registered Name:</b>		<b>CTHS or The Jockey Club Registration Number:</b>	<b>Year of Birth: (yyyy)</b>
<b>Sire:</b>	<b>Dam:</b>	<b>Sire of Dam:</b>	
Was this stallion registered as an Ontario Sire in 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will this stallion stand in the Southern Hemisphere in 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Registered Owner:</b>		<b>AGCO Licence #:</b>	<b>Province/State of residence:</b>
Is the Stallion Leased? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, what year does the lease expire?</b> _____ (yyyy)		(A copy of the lease OR a <i>Stallion Lease Declaration Form</i> must be on file with CTHS)	
<b>If Leased, Name of Lessee:</b>		<b>AGCO Licence #:</b>	<b>Province/State of residence:</b>

**FARM INFORMATION**

**Name of farm where stallion will be standing for the 2019 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: \_\_\_\_\_

1. I declare that the highest advertised 2019 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 2018 breeding season.

3. For Dual Hemisphere Stallions of 2018:  
 Date of **Return** to Ontario from Southern Hemisphere in 2018: \_\_\_\_\_ (dd/mm/yyyy)  
 Date of **Departure from Ontario** in 2018: \_\_\_\_\_ (dd/mm/yyyy)  
 If U.S. quarantined, **Date of Departure from North America** in 2018: \_\_\_\_\_ (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:**

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

**STALLION AWARDS RECIPIENT**

<b>Name of person to whom Stallion Awards will be issued for 2019:</b> _____	Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Authorized Agent <input type="checkbox"/>
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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: _____
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**CONTACT INFORMATION**

<b>For Program information and submission of completed forms</b> CTHS Ontario Division P.O. Box 172 , Rexdale, ON M9W 5L1 Phone: (416) 675-3602 Fax: (416) 675-9405   cthsont@idirect.com	<b>Ontario Racing</b> c/o Woodbine Mohawk Park PO Box 160, Campbellville, ON L0P 1B0 Phone: (416) 213-1800 Fax: (416) 477-5499 Email: info@ontarioracing.com
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