



Mare Nomination Form 2019

The mares listed on this form must all be under the same ownership and be foaling at the same farm.

Name of Mare Owner _____

Address _____ City _____ State _____ Zip _____

Phone-Home _____ Cell _____ Fax _____

Email _____

2019 Foaling Farm _____

Farm Address _____ City _____ State _____ Zip _____
(if different from above)

Phone-Home _____ Cell _____ Fax _____

Email _____

1	Mare's Registered Name	AMHA Reg. #
	Covering Stallion's Name	AMHA Reg. #
2	Mare's Registered Name	AMHA Reg. #
	Covering Stallion's Name	AMHA Reg. #
3	Mare's Registered Name	AMHA Reg. #
	Covering Stallion's Name	AMHA Reg. #
4	Mare's Registered Name	AMHA Reg. #
	Covering Stallion's Name	AMHA Reg. #

Statements of KMHB IF Compliance:

1. I am a member of AMHA & KMHB.
2. Mares foaling in 2019 must be nominated by February 1, 2019. Mares may be nominated any time after breeding. A \$100.00 per month late fee, plus the nomination fee, will apply to all applications postmarked after February 1, 2019.
3. I have submitted a color photocopy (front & back) of the AMHA Certificate of Registration for each mare.
4. Mares must be in Kentucky a minimum of 45 days when foaling. Non-Kentucky residents must file a Foaling Verification Form (see Rules Section C. Mares 1. c). A copy of the mare's board bill while in Kentucky must be submitted with the Foal Nomination form.
5. I have read the KMHBIF Rules & Regulations and bylaws and agree to abide by them. Any attempt in connection with the Kentucky Miniature Horse Breeder Incentive Fund to provide false or misleading information to the Kentucky Miniature Horse Breeders (KMHB) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KMHB and the applications of all civil and criminal penalties that may apply.

By signing below, I acknowledge that I have read and agree to the statements above.

Signature of Mare Owner

Date

Nomination Fee: \$5.00 per mare (Please make check payable to KMHB)

Payment and a **COLOR** copy (front and back) of the registration papers **MUST** accompany this form.

Form will be returned if not completed properly or conditions of compliance are not met.

Kentucky Miniature Horse Breeders Club
1219 Harry Wise Road
Lawrenceburg, KY 40342

OFFICE USE ONLY
CHECK # _____
AMOUNT _____
DATE PROCESSED _____