

**NEW YORK STATE-BRED REGISTRATION OF THOROUGHBRED FOALS**

**APPLICATION**

**1997 and Subsequent Years**

Registrar, New York State-Bred Registry

1 Broadway Center Suite 601

Schenectady, NY 12305

(518) 388-0174

**DO NOT WRITE HERE**

Foal of: \_\_\_\_\_

Foal Cert. #: \_\_\_\_\_

NYS-B. Reg. #: \_\_\_\_\_

Date Recd: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Card Issued: \_\_\_\_\_

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

**Eligibility Rules:**

In order to qualify for registration as a New York-bred, a thoroughbred horse must have been FOALED in New York State and the dam of such foal must meet New York domicile requirements.

- Check One:**    ( ) **RESIDENT MARE:** Must be continuously in residence in New York State from within 90 days after last cover in the year of conception, and thereafter remain in residence until FOALING the following year, with **no breed-back** required.
- ( ) **NON-RESIDENT MARE:** Must FOAL in New York State, remain in the state for a continuous period of 90 days after foaling, AND be BRED BACK to a **registered** New York-based stallion before leaving the state.

PLEASE NOTE: (1) Any false statement made in connection with this application to register a foal as a New York-bred may result in severe penalties, including prosecution. (2) The name of the breeder must match the Jockey Club breeder information exactly. (3) Award checks will be sent to the first party named as breeder. (4) Award checks are only valid for six months from the issue date and must be cashed within that period. (5) No horse can be registered as a NY-bred without first receiving certification from the Jockey Club. (6) Please **type** or **print** clearly.

**MARE STATUS (pertaining to foal being registered):**

Date of arrival into NY: \_\_\_\_\_ Date of departure from NY: \_\_\_\_\_  
(Resident mares only) (Non-resident mares only)

1. Name of foal to be registered: \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Sire Dam Sire of Dam

3. Date foaled: \_\_\_\_\_ Sex: \_\_\_\_\_

4. Name of Breeder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: ( ) \_\_\_\_\_

e-mail address: \_\_\_\_\_

5. Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

Name of party to whom above ID number was issued: \_\_\_\_\_

**DO NOT WRITE HERE**

6. Foaling Farm: \_\_\_\_\_

Foal Card: \_\_\_\_\_

Address: \_\_\_\_\_

Movement Card : \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Farm: \_\_\_\_\_

Tel.: ( ) \_\_\_\_\_

Last Cover: \_\_\_\_\_

Attending Farm Manager: \_\_\_\_\_

Stallion: \_\_\_\_\_

7. Attending Veterinarian : \_\_\_\_\_

Tel.: ( ) \_\_\_\_\_

This application must be signed by TWO of the following three: breeder, farm manager, attending veterinarian. Please note that one person may not sign for more than one of these three categories--signatures must be from two distinct individuals.

### BREEDER CERTIFICATION

NOTE: The breeder of the foal is the owner of the mare at the time of foaling, as it appears on the Jockey Club Foal Registration Certificate.

I hereby certify that I have read and understand the rules of the New York State Thoroughbred Breeding and Development Fund Corporation specified above governing the eligibility for registration of horses as New York-breds; that the statements contained in this application are true and complete; and that the horse, the subject of the application, is eligible to be registered as a New York-bred.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(Breeder)

### FARM MANAGER OR ATTENDING VETERINARIAN CERTIFICATION

(If the farm manager and breeder are related, the attending veterinarian must sign below.)

I hereby certify that the horse, the subject of this application, was foaled at the farm identified in response to question number 6 of the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FEES FOR NEW YORK STATE-BRED REGISTRATION

**\$75.00 if applied for by December 31st of the year of the foal's birth**

#### LATE REGISTRATION

**\$150.00 if applied for by December 31st of the foal's yearling year**

**\$250.00 if applied for by December 31st of the foal's two-year-old year**

**\$500.00 if applied for after the foal becomes a three-year-old**

**Make check payable to "New York State-Bred Registry."**

-----Do not write below this line unless you are nominating your foal for the Finger Lakes Futurity Series.-----

## **NOMINATION - 2014 FOALS FINGER LAKES FUTURITY SERIES (Aspirant/Lady Finger/Breeders' Futurity)**

The fee is \$25.00 if nominated by December 31, 2014  
(include this amount in your registration check).

Name of Dam: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Subsequent details regarding sustaining payments will be forwarded to you by the FLRA Racing office, along with other information.

(For all other nominations, contact the FLRA Racing Secretary's office at (585) 924-3232 ext 388.)