



Foaling Verification Form

This form must be signed within 48 hours of a foal's birth in order for Kentucky Miniature Horse Breeders' Incentive Fund qualification. The form should be received in the KMHB office within 30 days of verification by the attending veterinary. All information must be included to be considered complete. A copy of this form should accompany the Foal Nomination Form.

I certify that the following foal was born in the State of Kentucky.

Date of Birth: _____ Sex of Foal: _____

Color/Markings: _____

Dam: _____ AMHA Reg. #: _____

Sire: _____ AMHA Reg. #: _____

Location of Foaling:

Farm or Farm Owner: _____

Address: _____

City, State, Zip: _____

By signing below, you are certifying that you have read the rules of the Kentucky Horse Breeders' Incentive Fund program and agree to abide by them. Any attempt in connection with the KMHB IF 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 application of all civil and criminal penalties that may apply.

Veterinarian's Signature: _____ Date: _____

Veterinarian's Name: _____

KY License #: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Please mail completed form to:
Kentucky Miniature Horse Breeders
PO Box 235
Simpsonville, KY 40067