



## 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's Registered Name: \_\_\_\_\_ AMHA Reg. # \_\_\_\_\_

Sire's Registered Name: \_\_\_\_\_ AMHA Reg. # \_\_\_\_\_

Location at 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: Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please mail completed form to:**  
**Kentucky Miniature Horse Breeders**  
**P.O. Box 117 Waddy, KY. 40076**  
**Physical Address: 492 Waddy, Road, Waddy, KY 40076**

Office Use Only

Date Processed \_\_\_\_\_

Processed by \_\_\_\_\_