KENTUCKY MINIATURE HORSE



BREEDERS' INCENTIVE PROGRAM

Foal Nomination Form 2024

Foal Registration No. Sire's Name Sire's Registration No. Foal Date of Birth Dam's Name Dam's Registration No. (Attach a color copy front and back of foal's AMHA Registration papers). Breeder's Name:	Name of Foal Owner:		
Phone: Home	Address:		
Email:	City:	State:	Zip:
Foal's Registered Name Sire's Name Sire's Registration No. Foal Date of Birth Dam's Name Dam's Registration No. Foal Date of Birth Dam's Name Dam's Registration No. Cattach a color copy front and back of foal's AMHA Registration papers). Breeder's Name:	Phone: Home	Cell	Fax
Foal Registration No. Sire's Name Sire's Registration No. Foal Date of Birth Dam's Name Dam's Registration No. Foal Date of Birth Dam's Name Dam's Registration No. (Attach a color copy front and back of foal's AMHA Registration papers). Breeder's Name:	Email:		
Foal Date of Birth Dam's Name Dam's Registration No. (Attach a color copy front and back of foal's AMHA Registration papers). Breeder's Name: AMHA Membership No Breeder's Name: City: State: Zip:	Foal's Registered Name		
(Attach a color copy front and back of foal's AMHA Registration papers). Breeder's Name:	Foal Registration No.	Sire's Name	Sire's Registration No.
Breeder's Name:	Foal Date of Birth	Dam's Name	Dam's Registration No.
Address:	(Attach a color copy front and back of for	l's AMHA Registration papers).	
Email: Phone: Hm/Cell AFFIDAVIT OF REGISTRATION INFORMATION BY OWNER. I hereby certify that: said horse meets the requirements set forth by th KMHB IF; the information on this form is correct and I understand that if the information on the form changes and the form is no longer corre I am required to amend the form within thirty (30) days after the information changes; I assume full responsibility for the registration of said horse as a KMHB IF Registered Horse and agree that if a horse is later proved to be ineligible due to false or misleading information provided (3) I may be subject to civil and criminal penalties under the laws of the Commonwealth of Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the official KMHB IF Manager upon request to confirm information submitted with this nomination, or nomination may be denied, suspended or revoked. Owner (print name)	Breeder's Name:	AMHA	Membership No
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Please mail form and payment to: Kentucky Miniature Horse Breeders Club 15218 Abington Ridge Place Louisville, KY 40245

OFFICE USE ONLY CHECK NO
AMOUNT
DATE PROCESSED