

KENTUCKY MINIATURE HORSE



BREEDERS' INCENTIVE PROGRAM

Intent to Travel or Show Form

Name of Stallion Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: Hm. _____ Cell: _____ Fax: _____

Email Address: _____

Stallion's Registered Name: _____ AMHA Reg. # _____

Please fill out a separate form for each stallion and list show or shows stallion is traveling to, from his designated location.

- | | |
|-----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |
| 6. _____ | Date: _____ |
| 7. _____ | Date: _____ |
| 8. _____ | Date: _____ |
| 9. _____ | Date: _____ |
| 10. _____ | Date: _____ |
| 11. _____ | Date: _____ |
| 12. _____ | Date: _____ |

Statement of KMHB IF Compliance (please read and check boxes. Boxes MUST be checked to process form)

☐ I have read the KMHBIF Rules & Regulations and agree to abide by them. Any attempt in connection with the Kentucky Horse Breeders' 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 application of all civil and criminal penalties that may apply.

Signature of Stallion Owner or Designated Trainer/Agent

Date

(Fill in the spaces below only if the stallion is leaving his designated location for medical or reasons other than going to shows)

Stallion Traveling to: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for leaving: _____

☐ Training ☐ Location Change ☐ Clinic ☐ Ending Stallion's breeding season. Date ended: _____

Late Fee: \$10.00 Shows only if form is not received 2 weeks prior to first show stallion is attending. If stallion needs emergency medical attention at a veterinary clinic or equine hospital, please fill out bottom part of this form and return with copy of vet certification ASAP. No penalty or late fee will be assessed for emergency situations.

Please mail form & payment (if applicable) to: