KENTUCKY MINIATURE HORSE 

BREEDERS' INCENTIVE PROGRAM

Mare Nomination Form 2012

Name of Mare Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (provide 2): Hm. _____ Cell. _____ Fax. _____

Email: _____

Mare's Registered Name: _____

Mare's AMHA Registration No.: _____ Date of Birth: _____

Covering Stallion Name: _____ AMHA Registration No. _____

Name of Foaling Farm/ 2012: _____

If the foaling farm address is same as the address above it is not necessary to fill out additional address below.

Address of Farm: _____

City: _____ State: _____ Zip: _____

Phone Number (provide 2): HM. _____ Cell. _____ Fax. _____

Email: _____

Statements of KMHB IF Compliance **(Each box MUST be checked to process form. Please read and check all boxes)**

☐ I am a member of AMHA & KMHB.

☐ Mares must be in Kentucky a minimum of 45 days when foaling. Out of State residents must file a Foaling Verification Form within 30 days after foaling. This form will need to be submitted again with the Foal Nomination form along with a copy of the mare's board bill while in Kentucky.

☐ *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.*

☐ I have submitted a color photocopy front & back of the AMHA Certificate of Registration for this mare.

☐ Nomination of mare must be made at least 30 days prior to foaling. Mare may be nominated any time after breeding. Late entries will be charged $100.00 per month, plus the nomination fee.

_____ _____

Signature of Mare Owner Date

Nomination Fee: $5.00 (Please make check payable to KMHB)

Please note: Payment and a **COLOR** copy front and back of the registration papers must accompany this form.

Forms will be returned if boxes are not checked or form is not filled in properly.

Please mail form and payment to:
Kentucky Miniature Horse Breeders Club
1219 Harry Wise Road
Lawrenceburg, KY 40342

OFFICE USE ONLY
CHECK NO. _____
DATE PROCESSED _____
PROCESSED BY _____

Rev 1-10-12