	FOAL REGISTRATI					
DCKOTO NORTH DAKOTA RACING COMMISSION SFN 18845 (11-2024) Be Legendary.					Date Received	
Type or Print Clearly - Complete Entire Form. Incomplete form			s will be unrecorded and returned		For Commission Use Only	
☐ Thoroughbred ☐ Quarter Horse ☐ Standardbred			\Box Paint \Box Arabian		NDRC Number	
			-		Date	
Mail to: ND Breeders' Fund North Dakota Racing Commission 4501 Coleman Street, Suite 100 Bismarck ND 58503-0996			ation: (701) 328-4633 //racingcommission.nd.gov		Ву	
Note: In order for the owner of a foal to participate in the North Dakota Breeders' Fund, this form must be received by the ND Racing Commission (NDRC) by December 31 of the birth year of the foal. Applications received after December 31 of foaling year, the fee is \$300. The dam of the foal must be in the Breeder's Fund prior to foaling. The foal's original registration papers must be received & stamped by the ND Breeders' Fund prior to payment of any breeders' award payments. Out-of-state owners must complete the Veterinarian Certificate for out-of-state owners (SFN 60974). If the registration papers are digital (online), make a copy and include with the application.						
Name of Foal, if known		Sire		Sire's Certificate Number		
Dam		Dam's Certificate Number		Dam's Breed Fund Numbe	ber Dam's Date in Fund	
Description of Foal:	Description of Foal:		Foaling Date		Color	
Markings						
Foaling Location (farm name, if applicable)						
Address			City		State	ZIP Code
County	Email Address		Telephone Number		Cell Phone Number	
Owner of Foal:	er of Foal:					
Address			City		State	ZIP Code
County	Email Address		Telephone Number		Cell Phone Number	
Owner of Stallion Lessee* of Stallion at the time of foaling *If leased, a copy of the lease agreement must accompany this application or be on file with NDRC.						
Name of Owner/Lessee			Telephone Number		Cell Phone Number	
Address			City		State	ZIP Code
County			Email Address			
Owner of Broodmare Lessee* of Mare at the time of foaling *If leased, a copy of the lease agreement must accompany this application or be on file with NDRC.						
Name of Owner/Lessee			Telephone Number		Cell Phone Number	
Address			City		State	ZIP Code
County			Email Address			
I certify that the foregoing information is true and correct to the best of my knowledge, and that it is submitted for the purpose of participating in the North Dakota Breeders' Fund pursuant to Chapter 69.5-01-09 et al. I acknowledge that failure to provide complete and accurate information, or submission of false information, shall be grounds for disqualification from participation in the Breeders' Fund and may subject me to civil and/or criminal prosecution. I hereby consent to on-site inspections by the North Dakota Racing Commission or its designee to verify the foregoing information.						
Signature of Owner of Foal/Lessee					Date	