



# VETERINARIAN CERTIFICATE FOR OUT-OF-STATE OWNERS

NORTH DAKOTA RACING COMMISSION

SFN 60974 (12-2022)

Date Received
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**For Commission Use Only**

NDRC Number
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Date
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By
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**Mail Completed Certificate to:**

*(Note: This form must be submitted with the completed Foal Registration Application)*

North Dakota Racing Commission  
4501 Coleman Street, Suite 100  
Bismarck ND 58503-0996  
(701) 328-4633 Fax: (701) 328-4280  
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

**Type or Print Clearly - Complete Entire Form. Incomplete forms will be unrecorded and returned.**

**TO BE COMPLETED BY OWNER**

<input type="checkbox"/> Thoroughbred <input type="checkbox"/> Quarter Horse <input type="checkbox"/> Standardbred <input type="checkbox"/> Paint				
Foaling Date (mm/dd/yyyy)		Foaling Location (physical/street address)		City
Color of Foal	Sex of Foal <input type="checkbox"/> Male <input type="checkbox"/> Female	Sire of Foal		
Dam of Foal		Dam's Breed Fund Number	Dam's Date in Fund	
Markings on Foal				

Owner of Dam				
Address		City	State	ZIP Code
County	Telephone Number	Cell Phone Number	Email Address	

**TO BE COMPLETED BY VETERINARIAN at Foaling Location within Seven Days of Foaling**

Name of Attending Veterinarian		Veterinarian License Number	State Licensed
Date Observed	Location of Observation		Approximate Age at Observation

I, as named above, hereby state that I am a Doctor of Veterinary Medicine currently licensed by the state, as listed above, and that I personally observed the foal, as described above on this form, and on the information and belief attest to the accuracy of this foal's description, date of observation, location of observation and approximate age at observation.

Signature of Attending Veterinarian	Date
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