

SFN 18845 (10-2022)							
Type or Print Clearly - Complete Entire Form. Incomplete forms will be unrecorded and returned.					For Commission Use Only		
☐ Thoroughbred ☐	Quarter Horse   Star	ndardbred	☐ Paint ☐	Arabian	NDRC Numbe	er	
Registration Fee: \$30.00 Make Checks Payable To: North Dakota Racing Commission Date							
Mail to: ND Breeders' Fund For More Informatio North Dakota Racing Commission 4501 Coleman Street, Suite 100 Bismarck ND 58503-0996			ita - i a a - a - a - a - a - a - a - a -		Зу		
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 entered into the Breeder's Fund prior to foaling. The foal's original foal certificate must be received 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).							
Name of Foal, if known	Sire			Sire's Foal Certificate Number			
am Dam's		Dam's Foal Cer	's Foal Certificate Number Dam's Breed Fund Number		Dam's Date in Fund		
Description of Foal: Sex Male Female		е	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:							
Address			City		State	ZIP Code	
ounty 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 Lessee.* 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				

Date Received

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