



VETERINARIAN CERTIFICATE FOR OUT-OF-STATE OWNERS

NORTH DAKOTA RACING COMMISSION

SFN 60974 (08-2021)

For Office Use Only

NDRC Number

Date

By

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		
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	
Markings on Foal		

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