



For the 2013 foal year, this registration form and all fees must be submitted prior to foaling in Ontario. To qualify as an ONTARIO RESIDENT MARE, the mare must be enrolled with the Standardbred Improvement Program for each foaling year, be resident in the Province of Ontario at time of enrolment and remain resident in the province for 180 consecutive days surrounding the day of foaling. Complete details of the Program can be found in the 2013 Program Criteria Book. There is an annual fee of \$50 per mare to enrol a mare as an ONTARIO RESIDENT MARE. **The Program Administrator reserves the right to amend, cancel or alter the Program and/or make changes to the terms, conditions, and benefits of any nature and kind whatsoever and, the signatories of this form hereby agree to be bound by such changes.**

FOR OFFICE USE ONLY:

Date Received: _____
Date Entered: _____
Processed By: _____
Reference #: _____

For more information or to submit completed forms (with all required payments):

Standardbred Canada Phone: 905-858-3060
Attention: Ontario Resident Mare Program Fax: 905-858-3111
1-2150 Meadowvale Blvd, Mississauga, ON L5N 6R6 Email: ontariomare@standardbredcanada.ca

Make cheques payable to: Standardbred Canada

Note: Any Owner, Lessee or Authorized Agent signing this application must hold a current valid Ontario Racing Commission licence. An Authorized Agent may sign on behalf of an Owner or Lessee, **IF** the Owner **or** Lessee holds a valid, current ORC licence, **AND** the Authorized Agent holds a valid current ORC licence, **AND** the appropriate **Authorized Agent** documents are recorded on file with Standardbred Canada.

FARM INFORMATION WHERE MARE(S) WILL RESIDE FOR 2013 FOAL YEAR

Name (optional) of primary farm where the mare(s) will reside for the 2013 foal year:	Name (optional) of secondary farm where the mare(s) will reside for the 2013 foal year:
Farm Manager or Contact Person:	Farm Manager or Contact Person:
ORC Licence # (if applicable)	ORC Licence # (if applicable)
911 Farm Address: (If no street Address, please give county, township, lot and concession number):	911 Farm Address: (If no street Address, please give county, township, lot and concession number):
City /Town: Province: Ontario	City /Town: Province: Ontario
Postal Code: Phone:	Postal Code: Phone:
Cell: Fax:	Cell: Fax:
Email of primary farm:	Email of secondary farm:

MANDATORY DECLARATIONS

I declare that the information concerning the principal residence of all mares recorded on this application form is correct and that this/these mare(s) shall be made available for inspection by representatives of the Program Administrator at any time.

- I further understand that if the declared location of the residency is in question, the onus will be on the owner/lessee to provide further documentation to verify eligibility for the Standardbred Improvement Program.
- I understand that should I fail to provide documentation as requested, the mares may be ineligible for Ontario Resident Mare status.
- I understand that the Program Administrator may share my contact information (including by electronic means) for the purpose of administering the Ontario Horse Improvement Program and the Standardbred Improvement Program.

I, the undersigned, certify that I have full power and authority to execute and file this application and that each person or entity having ownership interest in this/these mare(s) has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this/these mare(s) has authorized me to complete and file this application form and that I have full power and authority to receive any requested or related documents from the Ontario Racing Commission. I agree to comply with the *Racing Commission Act, 2000*, and the *Rules of Standardbred Racing* of the Ontario Racing Commission. I further certify that I have read and understand the conditions of mare eligibility as published by the Ontario Racing Commission and certify that this/these mare(s) meets the eligibility requirements and that the information stated on this form is true and correct. I hereby assume full responsibility for the information provided.

PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX

SIGNATURE: X _____
DATE: _____
ORC LICENCE #: _____

I am:

- An Owner or the Corresponding Officer of the Ownership Group
- A Lessee or the Corresponding Officer of the Lessee Group
- The Authorized Agent

A copy of the appropriate authorized agent and/or lease documents must be on file with Standardbred Canada.

MARE INFORMATION**YOU MAY ONLY USE THIS FORM IF ALL MARES LISTED ARE LOCATED ON THE SAME FARM AND ARE OWNED OR LEASED BY THE SAME OWNER**

For all required dates use the date format dd/mm/yyyy

The Program Administrator may request transportation documents and/or copies of records for the mare such as invoices for veterinary services, farrier (blacksmith) services, or boarding services during the declared residency period, to verify the mare's residency period.

1. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

2. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

3. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

4. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

5. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

6. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated 2013 foaling date:

THIS MARE MUST BE IN THE PROVINCE AT THE TIME OF ENROLMENT

Permission must be received from the Program Administrator for a mare to leave Ontario during the residency period.
Standardbred Canada must be notified prior to departure.

PAYMENT (Make cheques payable to Standardbred Canada)

Number of Mares recorded on this form: _____ x \$50.00 = Total _____
(Maximum 6)

PRIVACY AND CONSENT

I give the Program Administrator permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Horse Improvement Program and the Standardbred Improvement Program.

YES NO

SIGNATURE: X _____

YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM

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