



KyQHA Breeders' Incentive Program Horse Eligibility Verification Form

Use This Form For Foals of 2002 - 2008 Only

www.KyQHA.com

KENTUCKY
QUARTER
HORSE
ASSOCIATION

Requested by:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Horse Information:

Name: _____

AQHA Reg#: _____

Statements of KyQHA BIF Compliance (please read each statement and check corresponding box)

- ☐ I have attached a copy of registration papers
- ☐ This horse was not foaled prior to 2002
- ☐ This horse was conceived in Kentucky
- ☐ The sire of this horse stood in Kentucky during the breeding season in which this horse was conceived
- ☐ This horse was foaled in Kentucky
- ☐ This horse is enrolled in the AQHA Incentive Fund
- ☐ Semen was NOT shipped into Kentucky to conceive this horse
- ☐ I have read the rules of the KyQHA BIF program (found at www.kyqha.com) and agree to abide by them.
Any attempt in connection with the Kentucky Horse Breeders' Incentive Fund to provide false or misleading information to the Kentucky Quarter Horse Association (KyQHA) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KyQHA and the application of all civil and criminal penalties that may apply.

Signature of Owner/Requestor/Agent

Date

Fees (Please make check payable to KyQHA):

- ☐ KyQHA Member Fee (\$20) ([Mail Membership Form](#)) ([On-line Membership Form](#))
- ☐ Non-member Fee (\$35)

**Please note: Payment and a copy of the registration papers must accompany this form.
Incomplete forms will not be processed.**

Please mail completed forms and payment to:

KyQHA
PO Box 23917
Lexington, KY 40523-3917

OFFICE USE ONLY

Check # _____
Date Processed _____
Processed by _____