Kansas
Racing and Gaming Commission

# Kansas-Bred Program Registration Application

**Please check all that apply:**

☐ Application for Kansas Domiciled Program

☐ Application for Kansas-Bred Program

☐ Application for Certificate of Eligibility (Breeding Only)

| Sex | Breed | | Color | | |
|---|---|---|---|---|---|
| ☐ Stallion | ☐ Appaloosa | ☐ Quarter Horse | ☐ Bay | ☐ Gray | ☐ Other _____ |
| ☐ Mare | ☐ Arabian | ☐ Standard Bred | ☐ Brown | ☐ Roan | |
| ☐ Gelding | ☐ Paint | ☐ Thoroughbred | ☐ Black | ☐ Sorrel | |

**Foal Information**

Name of Horse: _____

Foaling Date: _____ National Breed Registration No.: _____

Kansas Registration No.: _____ ☐ Kansas-Bred ☐ Kansas Domiciled

Sire: _____

Breed: _____ Kansas-Bred Registration No.: _____

Dam: _____

Breed: _____ Kansas-Bred Registration No.: _____

**Ownership Section (Complete as it appears on National Breed Registration)**

☐ **Individual Owner** ☐ **Partnership** ☐ **Syndicate or Corporation**

Name of Owner, Farm or Ranch: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: (_____) _____

Social Security No.: _____ Federal Identification No.: _____

**Stallion Owner Information**

Name of Owner, Farm or Ranch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Farm Manager: _____

**Foal Owner Information**

Name of Owner, Farm or Ranch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ Federal Identification No.: _____

Signature: _____

**THE REVERSE SIDE MUST BE COMPLETED AND SIGNED**

**Description**

Please give a complete description of all markings and characteristics in the following order: (1) head (2) left foreleg (3) left hind leg (4) right hind leg (5) right foreleg (6) body (7) brands, scars or physical abnormalities. If there are no marks, please state NO MARKS. **Description must include cowlicks from the shoulder forward, including chest, poll and forehead.**

_____

_____

_____

_____

**IMPORTANT**

**Kansas – Bred Registration is not complete until the original National Breed Registration Certificate or its replacement is submitted.**

**IMPORTANT**

Attach the original National Breed Registration Certificate, Proof of Ownership, Check or Money Order for fees, and copies of any leases that apply, and return to:

**Kansas Racing and Gaming Commission**
**Kansas-Bred Program**
700 SW Harrison, Suite 500
Topeka, KS 66603

| Certification Fees | |
|---|---|
| □ Domiciled | $50.00 |
| □ Stallion Certification | $100.00 |
| □ Mare Certification | $35.00 |

| Registration Fees | |
|---|---|
| □ Foaling Year by December 31st | $50.00 |
| □ Yearling Year by December 31st | $100.00 |
| □ 2 Years or Older by December 31st | $500.00 |

- To enter the Breeding Program, you must pay the Domiciled and Certification Fees
- A Change of Ownership requires re-certification
- Kansas-Bred horses must be certified in the Breeding Program

The undersigned owner (or authorized agent) certifies that he/she has full power and authority to execute and file this application and to receive any requested or related documents from the KRGC and that the information supplied on this form is complete and correct. The undersigned also agrees that the KRGC may act with respect to the horse referred to herein on the basis of this application, other documents on file with respect to this horse, and other information available to the KRGC. In the case of inconsistent data, the KRGC shall be under no liability to the undersigned in connection with such action. It is further agreed that the KRGC may blood-type this foal and either or both of its parents if they are owned by the applicant(s). The owner further certifies that, at the time of this signing, the horse is alive, and that the death of this horse shall be reported to the KRGC within 24 hours. It is also understood that this application for Kansas-Bred status authorizes the KRGC to inspect and identify the horse at anytime deemed necessary by the agency. Further, it is agreed that the foal shall be (or was) domiciled within the State of Kansas for the first six months of its life.

**Signature of Applicant:** _____ **Date:** _____

**OFFICE USE ONLY**

**Date Received:** _____ **Work Number:** _____

**Date Approved:** _____ **KS-Bred Number:** _____

**Date Certified:** _____ **Certification Number:** _____