



APPLICATION FOR IOWA-FOALED STATUS

Applications for yearlings and older horses may be completed at any time. The Breeders' awards will be allocated to the breeder as described in the Department rules

Enclose \$30 Fee Make check payable to IDALS or Iowa Dept. of Ag Enclose Registration Certificate Date: \_\_\_\_\_

QuarterHorse \_\_\_\_\_ StandardbredHorse \_\_\_\_\_ ThoroughbredHorse \_\_\_\_\_ (Please check one)

Foal/Horse Name \_\_\_\_\_ National Breed Registration # \_\_\_\_\_

Foaling location \_\_\_\_\_

\_\_\_\_\_ Date of foaling \_\_\_\_\_

Name of Sire \_\_\_\_\_ State Registration No. \_\_\_\_\_

Name of Dam \_\_\_\_\_ State Registration No. \_\_\_\_\_

Sex: Colt \_\_\_\_\_ Filly \_\_\_\_\_ Color: \_\_\_\_\_

Markings: Office will copy markings from National Registration Certificate.

Owner of mare at time of foaling: Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

I certify that the information on this application is correct.

(Signature of present owner or agent) \_\_\_\_\_ (Date) \_\_\_\_\_

Name (print) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Iowa Horse & Dog Breeding Program Iowa Department of Agriculture and Land Stewardship Wallace State Office Building 502 East 9th Street Des Moines, IA 50319 Telephone: (515) 281-4103

For office use only: Iowa Registration No. \_\_\_\_\_ Issued \_\_\_\_\_ By \_\_\_\_\_