



## APPLICATION FOR IOWA-FOALED STATUS

\* Applications are processed in date order of receipt. Please allow ten working days from the date of receipt for processing. \*

**Incomplete applications will be returned. Check off before submitting.**

**Must include:**

☐ Enclose \$30 Fee Make Check Payable to IDALS or Iowa Dept. of Ag

**Date:** \_\_\_\_\_

☐ Enclose Registration Certificate

Quarter Horse \_\_\_\_\_ Standardbred Horse \_\_\_\_\_ Thoroughbred Horse \_\_\_\_\_  
(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:** \_\_\_\_\_

**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 (\_\_\_\_\_)** \_\_\_\_\_

**Mail application to:**

**Iowa Horse Breeding Program**

**IDALS - Hoover Building**

**1305 E. Walnut ST**

**Des Moines, IA 50319**

**Telephone: (515) 281-4103**

**For office use only:**

**Iowa Registration No.** \_\_\_\_\_

**Issued** \_\_\_\_\_

**By** \_\_\_\_\_

\*\*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. \*\*\*