



# Farm Participation Agreement

VIRGINIA THOROUGHBRED CERTIFIED PROGRAM



Farm/Facility Owners or Managers: Please complete this form if you wish to participate in the Virginia Certified Thoroughbred Program.

I, \_\_\_\_\_, owner/manager of \_\_\_\_\_, located at

\_\_\_\_\_ *Farm/Facility Name*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City, State, Zip Code* \_\_\_\_\_ *County*

\_\_\_\_\_ *Telephone* \_\_\_\_\_ *Email*

hereby agree to participate in the Virginia-Certified Thoroughbred Program (VACTP) sponsored by the Virginia Horsemen's Benevolent & Protective Association (VHBPA). I understand that my participation is voluntary and that there is no cost to become a VACTP farm.

As a VACTP participating farm or facility, I agree to the following VACTP conditions:

1. I will complete and submit a VACTP Residency Verification Form at the conclusion of each Thoroughbred horse's residency period at my farm. I also understand that a horse must reside in Virginia at a VACTP Facility for at least six (6) consecutive months prior to December 31<sup>st</sup> of its two-year-old year, and
2. I will grant permission for a VACTP representative to visit my farm or facility with or without prior notification to inspect the VACTP horses in residence.

\_\_\_\_\_ *Owner/Manager Signature*

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

\_\_\_\_\_ *Printed Name*

Do you offer breaking and training services?

Yes  No

Do you plan to accept outside horses?  
*(Only farms that accept outside horses will be included in our Certified Farm Directory.)*

Yes  No

Please complete and mail to:

VACTP  
c/o Virginia Thoroughbred Association  
250 West Main Street, Suite 100  
Charlottesville, VA 22902  
434.977.3716 (p) / 434.979.2439 (f)  
www.vabred.org