



Residency Verification Form

VIRGINIA THOROUGHBRED CERTIFIED PROGRAM



To be filled out by VACTP Farm or Facility Owner/Manager. Please submit only **AFTER** the horse has been at Farm or Facility for at least six (6) consecutive months.

THOROUGHBRED INFORMATION

Foaling Date _____	Name of Horse _____ <small>(only if registered with The Jockey Club)</small>
Dam _____	Sire _____ Dam's Sire _____
Color _____	Sex _____ The Jockey Club Reg. # _____ <small>(if available)</small>

RESIDENCY DATES

Horse was present at my Farm/Facility from _____ to _____

VACTP FARM/FACILITY INFORMATION

Farm/Facility Name _____
Farm/Facility Address _____
City _____ State _____ Zip _____ County _____
Owner/Manager _____ Phone _____ Email _____

OWNER INFORMATION

Owner's Name _____
Address _____ City _____
State _____ Zip _____ Email _____ Phone _____

Affidavit: I, the undersigned, hereby certify that, pursuant to the information given by me above, this Thoroughbred is eligible for certification as a Virginia Certified Thoroughbred and participation in the Virginia Certified Program. I further certify that the horse listed above resided at my facility during the time period indicated on this form. I assume full responsibility for the registration information provided by me, and agree if the horse is later proved to be ineligible based upon false or fraudulent information provided by me: 1) the horse shall no longer be considered a VA Certified Thoroughbred; 2) I may be forever denied the privilege of participating in the VA Certified Program; 3) my farm may lose its VACTP Farm accreditation; 4) any awards paid based upon the performance of an ineligible horse shall be returned in full by the recipient to the VA Certified Fund; and 5) I am subject to any and all civil and criminal penalties associated with providing fraudulent information under the laws of Virginia.

Notary Name _____

Date _____

Commission Expires _____

County _____ State _____

Signature _____

Owner/Manager Signature

Date

Printed Name

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



AFFIX SEAL HERE