

## Residency Verification Form VIRGINIA CERTIFIED THOROUGHBRED 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. **ALL FIELDS ARE REQUIRED**; **if field does not apply please write "n/a".** 

	Name of Ho	arse	
Foaling Date			
Dam	Sire	Da	m's Sire
		Jockey Club Reg. #	
RESIDENCY DATES	;		
			0
VACTP FARM/FACIL	ITY INFORMATION		
Farm/Facility Name			
Address			
City		State	Zip
		Phone	Email
OWNER INFORMATI	ION		
Owner's Name			
Address		City	
Ctata 7in	Email		Phone
			red is eligible for certification as a Virginia Certified
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**DISCLAIMER:** Nothing contained herein creates a contractual obligation for payment of any award or bonus by the VTA or any other entity. The VTA's receipt of sufficient funding for the bonus or award is a condition precedent to any obligation it may have to pay any award or bonus under the VACTP. The VTA reserves the right at any time, with or without notice, and in its sole discretion to (i) amend the requirements of the VACTP, (ii) change the amount of the bonus or award, or (ii) cease paying bonuses or awards.