



# 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"**.

### THOROUGHBRED INFORMATION

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

### RESIDENCY DATES

Horse was present at my Farm/Facility from \_\_\_\_\_ to \_\_\_\_\_

### VACTP FARM/FACILITY INFORMATION

Farm/Facility Name _____			
Address _____			
City _____	State _____	Zip _____	
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 VACTP. 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 that if the horse is later determined by the VTA in its sole discretion to be ineligible based upon false or fraudulent information provided by me: 1) the horse shall no longer be considered a Virginia Certified Thoroughbred; 2) I may be forever denied the privilege of participating in the VACTP; 3) my farm or facility may lose its VACTP accreditation; 4) any awards paid based upon the performance of an ineligible horse shall be returned in full by the recipient to the Virginia 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. I further understand that any participating farm or facility may be denied the privilege of participating in the VACTP in the event that the VTA determines, in its sole discretion, that any false or fraudulent information is provided regarding any horse or that the farm or facility is not complying with the requirements of the VACTP, as those requirements may be amended from time to time.

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

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

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

Notary Name \_\_\_\_\_

Date \_\_\_\_\_

Commission Expires \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_

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**

**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 (iii) cease paying bonuses or awards.