



# Virginia Certified Thoroughbred

## REGISTRATION FORM



Submit within 30 days of the horse's arrival at a VACTP farm/facility.  
**ALL FIELDS ARE REQUIRED; if field does not apply please write "n/a".**

### ELIGIBILITY

In order to qualify for the Virginia-Certified Thoroughbred Program, a horse must reside in the State of Virginia for at least six (6) consecutive months prior to December 31<sup>st</sup> of its two-year-old year.

### REGISTRATION MATERIALS

All applicable fees must accompany application form. **Please make checks payable to: Virginia Thoroughbred Association, 250 West Main Street, Suite 100, Charlottesville, VA 22902.**

### FEE

*(one-time registration fee for the lifetime of the registered horse)*

VTA Member \_\_\_\_\_ **\$100**

Non-Member \_\_\_\_\_ **\$250**

## THOROUGHBRED INFORMATION

Foaling Date \_\_\_\_\_ Name of Horse \_\_\_\_\_  
*(only if registered with The Jockey Club)*  
Dam \_\_\_\_\_ Sire \_\_\_\_\_ Dam's Sire \_\_\_\_\_  
Color \_\_\_\_\_ Sex \_\_\_\_\_ Jockey Club Reg. # \_\_\_\_\_  
*(if available)*

## VACTP FARM/FACILITY INFORMATION

Date Thoroughbred Arrived at Farm/Facility \_\_\_\_\_  
Farm/Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner/Manager Name \_\_\_\_\_  
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 VATCP. I assume full responsibility for the registration of this horse, and agree that if the horse is later proved to be ineligible based on 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 VATCP; 3) 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 4) I am subject to any and all civil and criminal penalties associated with providing fraudulent information under the laws of the State 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 the farm or facility is not complying with the requirements of the VACTP, as those requirements may be amended from time to time.

**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.

Owner/Owner's Agent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_