



APPLICATION FOR IOWA-FOALED STATUS

Applications for yearlings and older horses may be completed at anytime. The Breeders' awards will be allocated to the breeder as described in the Department rules

Enclose \$30 Fee Make check payable to IDALS or Iowa Dept. of Ag Enclose Registration Certificate

Date: _____

QuarterHorse _____ StandardbredHorse _____ ThoroughbredHorse _____ (Please check one)

Foal/Horse Name _____ National Breed Registration # _____

Foaling location _____

_____ Date of foaling _____

Name of Sire _____ State Registration No. _____

Name of Dam _____ State Registration No. _____

Sex: Colt _____ Filly _____ Color: _____

Markings: Office will copy markings from National Registration Certificate.

Owner of mare at time of foaling: Name _____ Phone _____ Address _____ SS# _____ City _____ State _____ Zip _____ County _____

I certify that the information on this application is correct.

(Signature of present owner or agent) _____ (Date) _____

Name (print) _____ SS # _____ Address _____ City _____ State _____ Zip _____ Telephone (_____) _____

Iowa Horse & Dog Breeding Program Iowa Department of Agriculture and Land Stewardship Wallace State Office Building 502 East 9th Street Des Moines, IA 50319 Telephone: (515) 281-4103

For office use only: Iowa Registration No. _____ Issued _____ By _____