



THE JOCKEY CLUB
821 CORPORATE DRIVE
LEXINGTON, KY 40503-2794
Telephone (800) 444-8521
FAX (859) 224-2710
registry.jockeyclub.com

IMPORT REGISTRATION FORM

Use this form to apply for a **Certificate of Foreign Registration**



DO NOT USE PENCIL. Type or print in blue or black ink only.

Document return (Fedex, UPS, DHL, etc., provide shipping account and special handling): _____

- Next Business Day Processing (Import Fee & \$200 RUSH fee enclosed)
- 2-3 Business Day Processing (Import Fee & \$125 RUSH fee enclosed)
- Normal Processing (Include Import Fee only)

EXPORTING COUNTRY'S STUD BOOK AUTHORITY MUST SUBMIT:

1. Stud Book Certificate or Export Certificate.
2. A certified copy of the horse's complete racing record, including the date, type of race, distance, and amount of monies won.
3. A service certificate if horse is being imported is an in-foal mare.

INSTRUCTIONS FOR IMPORT REGISTRATION FORM:

1. Complete both sides of this form and sign in ink.
2. Enclose a set of four (4) color photographs, taken as specified:
 - All 4 photographs, front, both sides and rear view, must be in color and clearly show the markings on the head, body and all 4 legs.
 - When photographing the horse use a sign board showing its name. If unnamed, show its year of birth and dam's name.
 - Write the name of the horse or the year of birth and dam's name, if unnamed, on the back of each picture.
 - For solid color horses it is recommended you submit a photo of the face and/or tattoo in order to expedite the identification process.
3. Enclose the Passport Book, if applicable.
4. Fees:
 - If all requirements are completed within 60 days of the horse's arrival -- \$175.
 - If all requirements are completed after 60 days and within 1 year of the horse's arrival -- \$425.
 - If all requirements are completed after 1 year of the horse's arrival -- \$775.

A. HORSE INFORMATION

NAME OF HORSE: _____	REGISTRATION NUMBER: _____
YEAR OF BIRTH: _____	DAM'S NAME: _____

B. OWNERSHIP INFORMATION:

Owner Name: _____			
Address: _____ _____			
City	State	ZIP	Country
Telephone: _____	Email: _____		

C: BROKER INFORMATION:(correspondence will be sent to this address)

Broker Name: _____			
Address: _____ _____			
City	State	ZIP	Country
Telephone: _____	Email: _____		

D. IMPORT INFORMATION:

Imported From: _____
Date of Arrival: _____
Imported For: <input type="checkbox"/> Breeding <input type="checkbox"/> Racing
If mare, is mare in foal: <input type="checkbox"/> Yes <input type="checkbox"/> No

E. MAIL CERTIFICATE TO:

C/O: _____	City: _____
Address _____	State: _____ ZIP: _____ Country: _____
_____	Telephone: _____
_____	Email: _____

F. APPLICANT SIGNATURE AND CERTIFICATION:

By executing this document I represent that I am the owner or authorized agent of the owner of the foal described on this form and that I have full authority to execute this form and to receive related documents from The Jockey Club. I, for myself and on behalf of the owner: (a) represent that all information supplied on this form, including the year of birth, date of arrival, name of horse and/or dam's name, and the name and address of the owner, are truthful, complete and accurate; (b) represent that I have read, understand, and have complied with the *Principal Rules and Requirements of The American Stud Book* ("Rules"), including, without limitation, Rule 1 (Eligibility for Foal Registration) which provides that any foal resulting from or produced by the processes of Artificial Insemination, Embryo Transfer or Transplant, Cloning or any other form of genetic manipulation is **not** eligible for registration; and (c) agree, with respect to all issues regarding the foal and all information on this report related in any way to The Jockey Club, to be subject to and bound by the Rules, including, without limitation, Rule 19 (Deceptive Practices), Rule 20 (Appeals and Hearings), and Rule 21 (General Rules).

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ OWNER AGENT

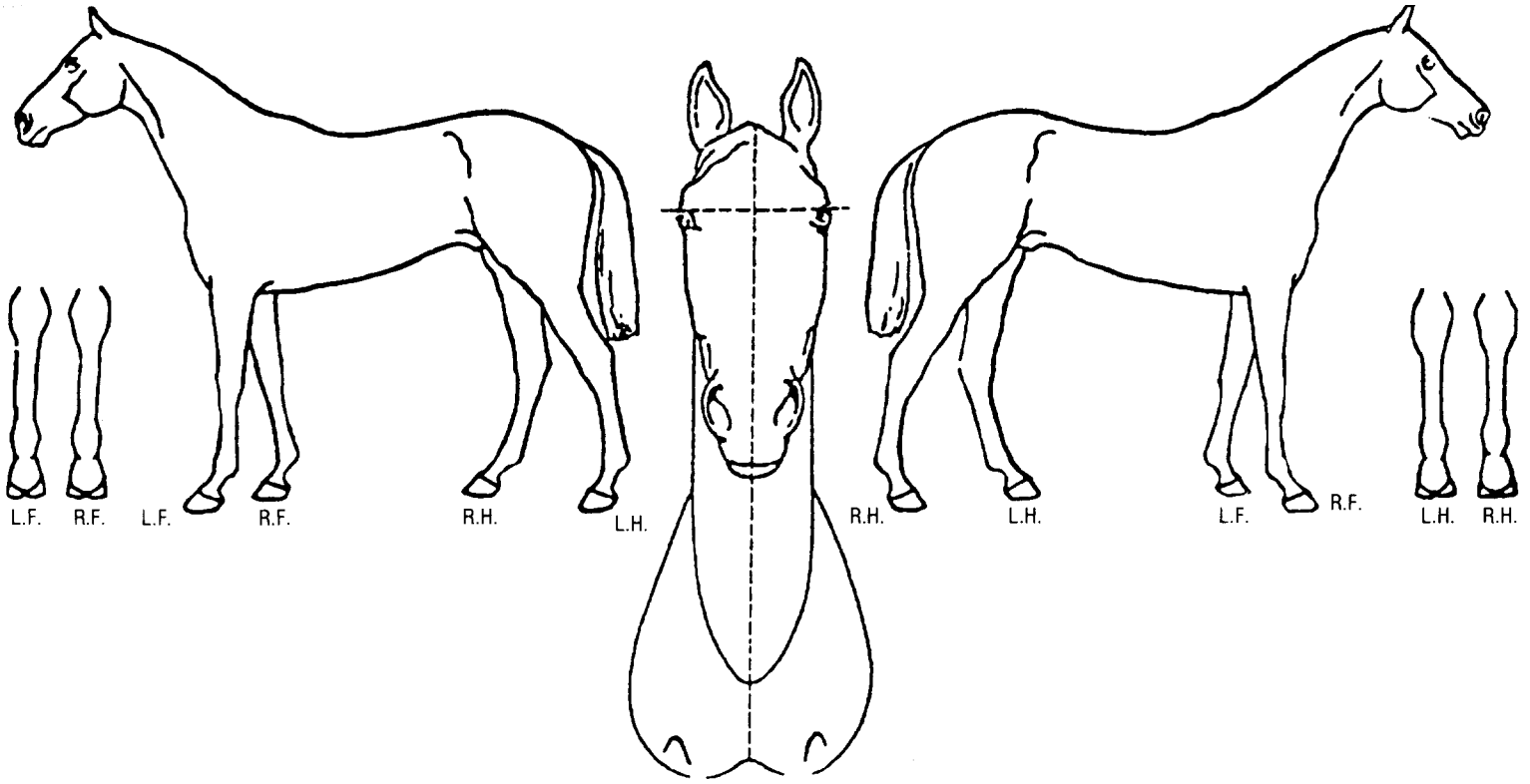
If you need assistance in completing this form, call The Jockey Club Registration Services Department, (800) 444-8521.

WHEN COMPLETED, MAIL TO: THE JOCKEY CLUB, 821 CORPORATE DR., LEXINGTON, KY 40503-2794

NAME OF HORSE: _____ **TATTOO NUMBER:** _____ **CHECK IF NO TATTOO:**
COLOR: (CHECK ONE) BAY DARK BAY/ BROWN CHESTNUT BLACK GRAY/ ROAN PALOMINO
GENDER: (CHECK ONE) COLT/HORSE FILLY/MARE GELDING

WRITTEN DESCRIPTION AND DIAGRAM

DESCRIBE THE HORSE BY DRAWING ALL MARKINGS ON THE DIAGRAM AND WRITING THEM ON THE LINES PROVIDED. INDICATE THE HEAD AND NECK COWLICKS ON THE DIAGRAM WITH AN "X" AND DESCRIBE THEM IN WRITING ON THE APPROPRIATE LINES.



HEAD MARKINGS: _____

HEAD COWLICK(S): (OTHER THAN FORETOP COWLICK) _____

NECK COWLICKS } **LEFT SIDE:** _____
 } **RIGHT SIDE:** _____

LEG MARKINGS:
LEFT FORE: _____

LEFT HIND: _____

RIGHT HIND: _____

RIGHT FORE: _____

BODY MARKINGS: _____
