

THIS IS NOT A REGISTRATION

## NOTIFICATION OF THOROUGHBRED FOALING

Return this form within 60 days of the date of foaling

**NOTICE:** Apply to: **Ohio State Racing Commission** for registration of this foal  
**77 South High St. -- 18th Floor**  
**Columbus, Ohio 43215-6108**

I Hereby Certify: Name of Broodmare	Ohio Registration Certificate Number
Was Bred To	Date or Dates
Mare Foaled on (Day, Month, Year)	Name of Farm or Stable
Address of Farm or Stable	
Location and Address Where Broodmare and Foal Will Be Available For Inspection (Leave Blank if same as address above).	

### I Further Certify That The Description Of Said Foal Is As Follows:

Color	Sex	Veterinarian In Attendance at Birth
Owner of Broodmare When Foal Was Dropped		E-mail Address
Address of Owner (Leave Blank if same as address above)		

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature