NO FEE REQUIRED

OKLAHOMA Horse Racing Commission

DATE: _____

Clerk initials:_____

OKLAHOMA-BRED STATUS REPORT

STALLION ☐
BROODMARE ☐

Quarter Horse ☐
Paint ☐

Appaloosa ☐
Thoroughbred ☐

OKB NO. _____
Name of Horse:_____
Color _____
Last date bred _____
Current Owner:_____

Tattoo/Microchip # _____
Foaling date (approx):_____
(If applicable)
Telephone _____
Email: _____

PLEASE INDICATE STATUS:

_____ Mare is in foal
_____ Mare was bred, but came up open
_____ Mare will not foal in OK
_____ Stallion relocated to new breeding farm

owner's email address: _____

_____ Retired
_____ Deceased MM/YYYY
_____ Sold

Name _____
State, Zip _____
Date Sold: _____

PREVIOUS LOCATION

Name
Farm Address _____
City, State,Zip _____
Telephone _____
Date Left _____

NEW PERMANENT LOCATION

Name _____
Farm Address _____
City, State, Zip _____
Telephone _____
Date Arrived _____

IF HORSE IS TEMPORARILY LEAVING THE STATE:

Initial one of the following: **Submit within 14 days after the horse leaves Oklahoma with documentation**

Medical Procedure: ☐
A medical procedure is required to be performed to protect the health of the horse that involves an extraordinary medical situation and the owner of the mare desires to have an expert located outside of Oklahoma conduct the procedure. Information relating to the procedure is included with this form.

Racing: ☐
The owner of the horse desires to race the them in a sanctioned meet outside of Oklahoma.
I understand the mare shall return to Oklahoma by August 15 and shall be located in Oklahoma for foaling. Information relating to the race meet is included with this form.

Sale Consignment: ☐
The horse is entered into a catalogued sale held outside of Oklahoma. I understand the mare shall return to Oklahoma no later than 30 days after the sale and shall be located in Oklahoma for foaling.

Breeding: ☐

Departing from what Location: _____

Date of Departure: _____ _____

Date of Return: _____

Stallion Bred To: _____

Last Breeding Date: _____

Method of Breeding: (Check one):

☐ Embryo Transfer (the recipient mare form must also be submitted for foal to be eligible)
☐ Shipped Semen
☐ Live Cover

IMPORTANT:

* Any change in domicile is requested to be reported to the OK Bred Inspector before or directly after any change has been made
* A completed form is requested within 14 days of the change in location
* Horses accredited in the OK Bred Program will be subject to periodic inspections to verify compliance with the rules of the program

Other requirements are:

A. Both mares and stallions must keep their domicile in the state of OK throughout the entire year
B. It is the owner's responsibility to provide the burden of proof to the OK Bred office if horses are going to leave the state per rule 325:75-1-3

PLEASE CALL THE INSPECTOR OR THE OFFICE 30 DAYS PRIOR TO ANY CHANGE IN DOMICILE.

TELEPHONE NUMBER: (405) 943-6472.

NOTIFY THE OFFICE IMMEDIATELY IF YOUR MARE CHANGES LOCATION.

For complete rules, regulations, and forms please visit our website www.ohrc.ok.gov

email all documents to: okbred@ohrc.ok.gov

Signing as:
Owner ☐
Agent ☐

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____