

Louisiana Quarter Horse Breeders Association

105 Carlyon Lane, Alexandria, LA 71303 Telephone: 318-487-9506

FOALING REPORT RECORD AND APPLICATION FOR ACCREDITED LOUISIANA BRED FOAL

2024 FOALING REPORT FORM

This report must be in the LQHBA office on or before July 1st of the year foaled or within 45 days after foaling and must be accompanied by a fee of \$40 and a copy of the mare's registration certificate. Failure to make this report will result in the foal being ineligible for accreditation, except by penalties as set forth: Foals not reported by July 1st or within 45 days after foaling are eligible for accreditation until December 31st of the year foaled and must be accompanied by a fee of \$250. Foals not reported by December 31st of the year foaled are eligible for accreditation and must be accompanied by a fee of \$750 until December 31st of its yearling year following foaling. UNDER NO CONDITIONS WILL A FOAL REPORTED AFTER DECEMBER 31ST OF ITS YEARLING YEAR BE ELIGIBLE FOR ACCREDITATION AS A LOUISIANA BRED. Authority is hereby given to the Louisiana Quarter Horse Breeders Association or its representative to inspect said foal and dam at any time after filing the report with the LQHBA. REVISED 12/2020

Date of Foaling: _____, 20____ Sex: Filly / Colt Foal Color: _____ Embryo transfer: (Yes / No) circle one

Sire: _____ Sire Registration #: _____ DNA Lab Case#: _____

Dam: _____ Dam Registration #: _____ DNA Lab Case#: _____

A copy of the mare's AQHA or TB Registration Certificate front & back, and applicable leases must accompany this application.

Foal markings: _____ (If no markings please enter "none")

Complete directions to location of dam and foal at the time of this application: _____

Breeder's Signature: _____ Date: _____

Owner/Lessee of mare at time of foaling as recorded with AQHA. If mare is leased, you MUST enclose a copy of the lease.

Breeder's Name (Printed): _____

Street Address _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

Telephone: _____ Social Security Number: _____

If BREEDER of foal is a partnership and the partnership does NOT have a tax identification number, please indicate ownership interest of each partner for the payment of breeder's awards and for reporting breeder's award payments to the Internal Revenue Service. The accreditation will NOT be completed without this information!

Partner 1 _____ Social Security # _____ % of Ownership _____

Partner 2 _____ Social Security # _____ % of Ownership _____

Partner 3 _____ Social Security # _____ % of Ownership _____

Authorized Agent Signature: _____ Date: _____

Applicant must enclose the \$40 non-refundable or transferable application fee and must be a current member of the Louisiana Quarter Horse Breeders Association. Membership can be purchased at the time of this application. Send this original application to the LQHBA office and keep a copy for yourself. Please make as many copies of this blank application as you need.

Payment is enclosed for:

Accreditation Fee: _____ (\$40.00 per foal by July 1, 2024)
Membership Dues: _____ (\$50.00) (\$250.00 per foal July 15- December 31, 2024)
Total Amount Enclosed: _____ (\$750.00 foal January 1, 2025 -December 31, 2025)



2026 Louisiana Million Nomination Fee: _____ (\$200.00 per foal by July 15, 2024)
(MAKE SEPARATE CHECK!!) (\$400.00 per foal July 16, 2024- October 16, 2024)
** Foal MUST be accredited before the LQHBA Office will accept the nomination. ** (\$700.00 per foal October 17, 2024- December 15, 2024)
(\$1700.00 per foal December 16, 2024 – May 15, 2025)

If supplementing after these dates, see the 2026 Louisiana Million Nomination Form for Supplement Fees

**I HAVE READ AND APPROVE THE FOREGOING NOMINATION FORM & RACE CONDITIONS FOR THE 2026 LOUISIANA MILLION FUTURITY:

Signature: _____ Date: _____

Name on Ck or CC: _____ Email (For Receipt): _____

Credit Card # _____ Exp Date: _____ CVV Code: _____

Office use only: MBR _____ W9 _____ Owner _____ SBR _____ OSM _____ ET Form/Fee: _____ Sire DNA _____ Dam DNA _____

Ck Date: _____ Post Mark Date: _____ CK/MO # / Trans.Id #: _____ Amount: _____

Out of State Mare: YES / NO Location: _____

Checked By: _____ Date(s) checked: _____