



Be Legendary.

VETERINARIAN CERTIFICATE FOR OUT-OF-STATE OWNERS

NORTH DAKOTA RACING COMMISSION

SFN 60974 (01-2025)

Date Received

For Commission Use Only

NDRC Number

Date

By

Mail Completed Certificate to:

(Note: This form must be submitted with the completed Foal Registration Application)

North Dakota Racing Commission
4501 Coleman Street, Suite 100
Bismarck ND 58503-0996
(701) 328-4633 Fax: (701) 328-4280
//racingcommission.nd.gov

Type or Print Clearly - Complete Entire Form. Incomplete forms will be unrecorded and returned.

TO BE COMPLETED BY OWNER

Form section for owner completion including breed type (Thoroughbred, Quarter Horse, Standardbred, Paint), foaling date, location, color, sex, sire, dam, and markings.

Form section for owner completion including owner of dam, address, city, state, zip code, county, telephone number, cell phone number, and email address.

TO BE COMPLETED BY VETERINARIAN at Foaling Location within Seven Days of Foaling

Form section for veterinarian completion including name, license number, state licensed, date observed, location of observation, and approximate age at observation.

I, as named above, hereby state that I am a Doctor of Veterinary Medicine currently licensed by the state, as listed above, and that I personally observed the foal, as described above on this form, and on the information and belief attest to the accuracy of this foal's description, date of observation, location of observation and approximate age at observation.

Form section for signature and date of attending veterinarian.