



VETERINARIAN CERTIFICATE FOR OUT-OF-STATE OWNERS

NORTH DAKOTA RACING COMMISSION

SFN 60974 (08-2017)

For Office 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
500 N 9th Street, Bismarck, ND 58501-4509
(701) 328-4633 Fax: (701) 328-4280
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

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

To be Completed by Owner

<input type="checkbox"/> Thoroughbred			<input type="checkbox"/> Quarter Horse			<input type="checkbox"/> Standardbred		
Foaling Date (mm/dd/yyyy)			Color of Foal			Sex of Foal <input type="checkbox"/> Male <input type="checkbox"/> Female		
Sire of Foal				Dam of Foal				
Markings on Foal								

Owner of Dam								
Address				City			State	ZIP Code
County		Telephone Number		Cell Phone		Email Address		

To be Completed by Veterinarian within Seven Days of Foaling

Name of Attending Veterinarian			Veterinarian License Number			State Licensed		
Date Observed		Location of Observation				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.

Signature of Attending Veterinarian						Date		
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