

**DELAWARE HARNESS RACING COMMISSION
REGISTRATION OF DELAWARE-BRED HORSE**

(1) **Name of Horse** _____

(2) **Foaling Date of Horse** _____

(3) **Tattoo Number** _____

(4) **Sire of Horse** _____

(5) **Dam of Horse** _____

(6) **Owner of Dam at time of breeding, also include address**

(7) **Name, Address and Phone Number of person making request**

I hereby swear or affirm that all of the foregoing information is true and accurate to the best of my knowledge, information and belief. I understand that any incorrect, untruthful or fraudulent information provided on this form may subject me to criminal and administrative penalties, including, but not limited to a minimum fine of \$5,000 and a mandatory two-year revocation of my DHRC licensing privileges in the State of Delaware.

DATE: _____

Signature

REVIEWED: _____ APPROVED DHRC: _____ DATE _____

DATE ENTERED ON DELAWARE OWNED LIST: _____