



TEXAS THOROUGHBRED ASSOCIATION

192 Cimarron Park Loop, Suite A
Buda, TX 78610-3085
Phone: 512-458-6133
Fax: 512-453-5919
www.texas thoroughbred.com

OFFICIAL DEATH REPORT OF ACCREDITED TEXAS MARE (For purposes of determining eligibility for ATB breeder awards)

PLEASE PRINT OR TYPE

Name of Mare: _____ Jockey Club Registration Number: _____

Date Mare was Texas Accredited as Breeding Stock: _____ Year of Foaling/Breeding Season: _____

In Foal to What Stallion for Stated Breeding Season: _____

Date of Foaling: _____ Date of Mare's Death: _____

Death Occurred (check ONE) Before Foaling During Foaling After Foaling

Name and Physical Address of Location of Mare Upon Death: _____

Mare Owner's

Name: _____

Mailing Address _____

Phone: _____ Fax: _____ Email: _____

Other Required Documents to Accompany this Report:

- Copy of Official Death Report Filed with The Jockey Club
- Notarized Veterinarian's Statement containing date, exact location and cause of mare's death

By my signature below, I attest that all information is true and correct:

Mare Owner's Signature: _____ **Date:** _____

State of Texas County of _____, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements there in contained are true and correct.

(Seal)

Notary Public Signature: _____

All Documentation to be Delivered to TTA by Certified Mail or other Return Receipt Delivery Method

APPLICATION MUST BE COMPLETED AND RECEIVED BY THE TEXAS THOROUGHBRED ASSOCIATION NO LATER THAN AUGUST 1 OF THE YEAR OF FOALING AND MARE'S DEATH. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. NO FEE IS REQUIRED.