



VERIFICATION FORM
DELAWARE CERTIFIED THOROUGHBRED PROGRAM
For Farm Owner/Manager to fill out – **MUST BE NOTARIZED**
Submit **AFTER** the horse has been on facility for ninety (90) days

This is to verify that the following thoroughbred was at my farm or training facility:

Farm Name: _____

Manager: _____ Phone: _____ Fax: _____

Farm Address: _____

Farm City: _____ State: _____ Zip: _____ County: _____

Date at my facility: _____ From: _____ To: _____

Name of foal #1 (only if accepted by Jockey Club): _____

Sire: _____ Dam: _____ Dam's Sire: _____

Foaling Date: _____

Certifier's Name: _____

Certifier's Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date at my facility: _____ From: _____ To: _____

Name of foal #2 (only if accepted by Jockey Club): _____

Sire: _____ Dam: _____ Dam's Sire: _____

Foaling Date: _____

Certifier's Name: _____

Certifier's Address: _____

City: _____ State: _____ Zip: _____ County: _____

I understand that when I accept a thoroughbred, at my farm or training facility, which wishes to become Delaware Certified, that I must also grant permission to an authorized agent of the DCTP to inspect said thoroughbred at my facility during the required ninety (90) days. I further understand that if I provide false or fraudulent information that horses at my facility may not be eligible for the Delaware Certified Thoroughbred Program.

Signature: _____

Notary Name: _____

Date: _____

Date: _____

Printed Name: _____

Commission Expires: _____

Please complete and mail to:

County: _____

DCTP
c/o Delaware Thoroughbred Horsemen's Association
777 Delaware Park Boulevard
Wilmington, DE 19804
(302)994-2398 Fax (302)994-3392
<http://www.dtha.com>

State: _____

Signature: _____

Affix Seal Here