



**VIRGINIA HARNESS HORSE ASSOCIATION
STANDARD BRED CERTIFIED RESIDENCY
VERIFICATION FORM**

**(Form to be completed by Farm/Facility at
the completion of the six month period)**

HORSE INFORMATION

Name of Horse: _____ Foaling Date: _____

Sire: _____ Dam: _____

Color: _____ Sex: _____ USTA Reg. Number: _____

HORSE OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

FACILITY INFORMATION

Farm/Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Horse was present at my farm/facility from _____ to _____

I, the undersigned, hereby certify that pursuant to the information given by me above, this Standardbred is eligible for certification as a Virginia Certified Standardbred and participation in the Virginia Standardbred Certified Residency program. I further certify that the horse listed above resided at my facility during the time period indicated on this form.

Facility Owner/Manager Name

Signature & Date

For further information contact:
Debbie Warnick at info@vhha.net or 443-463-0917
Send completed form to: VHHA
P.O. Box 1603
Saluda, VA. 23149