

**IDAHO STATE RACING COMMISSION
OWNER/BREEDER REPORT**

TRACK NAME: _____

DATE: _____

Form completed by: (Name & contact info) _____

Race #	Breed	Foaling State	Name of Horse	Owner's SSN # or Tax ID #	Owner's Name, Address & Phone Number	Breeder's SSN # or Tax ID #	Breeder's Name, Address & Phone Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1. WE NEED COMPLETE NAMES OF HORSES, SSN#, ADDRESS, PHONE NUMBERS AND NAMES OF EACH OWNER AND BREEDER
2. NEED TO BE COMPLETED AND FORWARDED TO THE COMMISSION WITHIN 30 DAYS AFTER EACH RACE DAY