

2017  
FOSH Inspection Program  
Request to Affiliate Horse Show

DQP Coordinator  
Friends of Sound Horses, Inc  
6614 Clayton Road # 105  
St. Louis, MO 63117  
tbippen1957@yahoo.com

In order to obtain the services of a USDA Certified FOSH DQP for your show, this application form and a check for fifty dollars (\$50) must be received at the above address a minimum of **60 days** prior to the event. Please include a copy of the show bill or premium book if available.

Dates of the Event \_\_\_\_\_

Name of the Event \_\_\_\_\_

Event Address \_\_\_\_\_

Name of Sponsoring Organization  
\_\_\_\_\_

Point of Contact for Organization  
\_\_\_\_\_

**Event Manager**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Event Secretary**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Anticipated # of Class Entries: \_\_\_\_\_ Anticipated # of horses: \_\_\_\_\_

Number of Classes: \_\_\_\_\_ Sanctioning Body (Rulebook): \_\_\_\_\_

**Page 2 must be signed by the responsible individual for this event.**

As the responsible party applying for affiliation of this equine event with FOSH, I agree to abide by all the rules of the FOSH Inspection Program, and the federal law known as the Horse Protection Act insofar as they apply to record keeping, cooperation with officials and presentation of material and location for inspections. I understand that FOSH will NOT inspect horses wearing hoof bands and that the show bill must indicate that both hoof bands and 'pads' are prohibited.

I agree that every exhibitor shall execute the FOSH Exhibitor Acknowledgment and Waiver of Liability.

I agree that the event committee at the conclusion of the show will pay the expenses for each individual DQP(s), including the daily stipend (\$225), per diem (\$25), mileage (current rate allowed by the IRS), actual tolls and parking fees, directly to the individual inspector(s). I understand that these are the standard and also the maximum fees that the inspector may charge.

I understand that the arrangements for hotel accommodations and air travel (if necessary) are the direct financial responsibility of the event committee and that these arrangements need to be made in advance with the individual DQP(s).

I acknowledge that the HPA requires that a second DQP be hired if it is anticipated that there will be more than 150 class entries at the event on any given day of the show. In the event that there are more than 150 class entries on a given day, and only one DQP has been hired, he/she will receive an additional (\$5.00 per entry over 150).

I acknowledge receipt of the FOSH 'Responsibilities of Show Management', and further acknowledge that the show is required by the USDA to provide clerical support for the DQP(s) for the entire duration of the show. I acknowledge that every exhibitor is required to sign an Acknowledgment and Waiver form before presenting any horse for inspection.

**Responsible Party**

**Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Name** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_