

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



### MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

1. Breeder Information:			
Breeder: _____		Telephone Number: _____	
Address: _____		City: _____	State: ____ Zip Code: _____
Foal's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Color: _____	Date of Foaling: _____ (month/day/year)	
Foal's Name: _____ (as approved by Jockey Club)		JC Reg #: _____	
Sire: _____		Dam: _____	

2. Location of Foaling: To Be Completed by Foaling Farm Owner			
Foaling Farm: _____ (farm name)		Farm Owner: _____ (name)	
Farm Address: _____		City: _____	State: ____ Zip Code: _____
I hereby certify, under the pains and penalties of perjury, that the mare _____ (Dam's Name)			
foaled a <input type="checkbox"/> Male <input type="checkbox"/> Female on _____ at the above location. (month/day/year)			
X _____ (Signature of Foaling Farm Owner or Manager)		Date: _____	

Registration Eligibility and Applicant's Certificate	
Did the dam reside in Massachusetts continuously from October 15 of the year prior to foaling, until foaling?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete Section A. If "No", complete Section B.	

SECTION A	
To Be Completed By Breeder: List all locations where dam was stabled from October 15 of the year prior to foaling, until foaling.	
Dates: _____	Name of Farm & Address: _____
Dates: _____	Name of Farm & Address: _____
Dates: _____	Name of Farm & Address: _____

**APPLICATION FOR REGISTRATION OF MASSACHUSETTS BRED FOAL**

**SECTION B**

To be completed by Massachusetts stallion owner or manager if dam named herein was breed back to registered Massachusetts stallion in the same breeding season she foaled in Massachusetts:

Stallion: \_\_\_\_\_ (name)      Dates of Cover: \_\_\_\_\_ (1<sup>st</sup>, last month, year)

Location of Cover: \_\_\_\_\_ (name of farm)      Farm Owner: \_\_\_\_\_ (name)

I hereby certify, under the pains and penalties of perjury, that the above named stallion covered the mare named \_\_\_\_\_ on above dates, at the above farm.

X \_\_\_\_\_ (signature of owner or farm manager)      Date: \_\_\_\_\_      Telephone: \_\_\_\_\_

**APPLICANT'S CERTIFICATE**

I hereby certify, under the pains and penalties of perjury, that the information contained herein is accurate to the best of my belief and knowledge:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant is:     Breeder     Owner     Lessee of the registered foal.

If the applicant is Owner or Lessee, provide name and address:      Name: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip Code: \_\_\_\_\_

**This application must be accompanied with a foal registration fee of fifty dollars (\$50.00) in a money order or certified check, payable to COMMONWEALTH OF MASSACHUSETTS.**

**Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under penalties of perjury that I, to my best belief and knowledge, have filed all State tax returns, and paid all State taxes required:**

**Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Mail To:**

Massachusetts Thoroughbred Program  
 Mass. Dept of Agricultural Resources  
 Division of Animal Health  
 Biosecurity & Dairy Services  
 251 Causeway Street, Suite 500  
 Boston, MA 02114-2151

Telephone: 617-626-1792  
 Fax: 617-626-1850

For Office Use Only:  
 Mass. Reg. Number \_\_\_\_\_  
 Issued \_\_\_\_\_ 20 \_\_\_\_\_  
 By \_\_\_\_\_