



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Thoroughbred Breeding Program
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 Fax: 617-626-1850 www.mass.gov/agr



THOROUGHBRED BROODMARE RESIDENT REGISTRATION Completed form due OCTOBER 15

For mares bred in 2016 and foals born in 2017, Thoroughbred horses are eligible for the Massachusetts Thoroughbred Breeding Program if they are the foal of a Thoroughbred mare that resides in the Commonwealth from October 15 of the year prior to foaling and continues such residence until foaling, and foals in the Commonwealth. If the mare listed on this form moves prior to foaling, this Department must be notified in writing. This form must be completed and returned to this office along with a copy of the mare's Jockey Club registration papers, or MBTA registration information no later than OCTOBER 15, 2016.

1. Broodmare information:

Name of mare: _____ Freeze brand/Tattoo#: _____

Mare's present owner, lessee, or agent: _____

Address: _____ Telephone: _____
(Street) (City or town) (State) (Zip code)

Email address: _____

2. Broodmare's location on October 15 this year:

Farm name: _____ Farm owner/manager: _____

Farm address: _____ MA, _____ Telephone: _____
(Street) (City or town) (Zip code)

3. Breeding information:

Mare bred to: _____ Date last bred: _____
(Name of stallion)

Stallion location: _____ Telephone: _____
(Name of farm) (Address) (City, state, zip)

4. Signatures:

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:

X _____
(Signature of breeder, owner, lessee or agent) (Date)

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

X _____
(Signature of breeder, owner, lessee or agent) (Date)