

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

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DEVAL L. PATRICK
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Lieutenant Governor

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Secretary

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Commissioner

MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

BREEDER: _____ ADDRESS _____
(name) (Street, PO Box number)

(City, Town) (State) (Zip) (Telephone)

FOAL'S SEX: _____ COLOR _____ Date of Foaling _____
(Month, Day, Year)

FOAL'S NAME (An approved by Jockey Club): _____ JC Reg# _____

SIRE: _____ DAM: _____

LOCATION OF FOALING: TO BE COMPLETED AND SIGNED BY FOALING FARM OWNER

FOALING FARM: _____
(Farm Name) (Farm Owner's Name)

(Address) (City or Town) (Zip)

I hereby certify, under the pains and penalties of perjury, that the mare
_____ foaled a _____ on _____ at the above location.

(Dam's Name) (sex) (Month, Day, Year)

X
Signature of Foaling Farm Owner or Mgr. Date signed Farm Telephone

REGISTRATION ELIGIBILITY AND APPLICANT'S CERTIFICATE

Did the dam reside in Massachusetts continuously from October 15, of the year prior to foaling,
until foaling? Yes ___ 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.

Name of Farm and Address

Dates _____

Name of Farm and Address

Dates _____

Name of Farm and Address

Dates _____

PLEASE COMPLETE REVERSE SIDE OF FORM (OVER)

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SECTION B

TO BE COMPLETED BY MASSACHUSETTS STALLION OWNER OR MANAGER IF DAM NAMED
HEREIN WAS BRED BACK TO A REGISTERED MASSACHUSETTS STALLION IN THE SAME
BREEDING SEASON SHE FOALD IN MASSACHUSETTS.

NAME OF STALLION: _____ DATES OF COVER _____
(1st, last month, year)

LOCATION OF COVER: _____
(Name of Farm) Farm Owner's 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 Stallion Owner (Date Signed) (Farm Telephone)
or Farm Manager)

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.

X _____
(Applicant's signature) (Date Signed)

Applicant is _____ Breeder _____ Owner _____ Lessee of the foal registered. If applicant is Owner or Lessee,
Provide name and address below.

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
under law.

X _____
Signature

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

Mail To: Massachusetts Thoroughbred Program
Mass. Dept of Agriculture Resources
Division of Animal Health
251 Causeway Street, Suite 500
Boston, MA 02114-2151
Telephone: 617-626-1792
Fax : 617-626-1850