THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



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DEVAL L. PATRICK Governor MAEVE VALLELY BARTLETT Secretary GREGORY C. WATSON Commissioner

MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM

DOMICILE DECLARATION FORM FOR REGISTERED MASSACHUSETTS THOROUGHBRED STALLIONS

I, (We), the undersigned do declare that the Thoroughbred Stallion_____

	(Name)	
did stand the entire breeding season, February 1 st . through July 15 th , inclusive		in the
Commonwealth of Massachusetts.	Year	

(Name of Farm)

(Location)

And I declare that this information is true and accurate, to the best of my knowledge.

Signature ____

(Owner) (Lessee) (Syndicate)

Date: _____ Address: _____

A stallion domicile declaration and a list of all mares bred to said stallion must be submitted to the Department of Agricultural Resources, Thoroughbred Breeding Program, by **September 1**, of each year if stallion is to be eligible for stallion incentive awards in the Massachusetts Thoroughbred Breeding Program.