



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Standardbred Breeding Program

225 Turnpike Road, Southborough, MA 01772

617-872-9956 Fax: 617-626-1736 www.mass.gov/agr

Please note this is a new address!



STANDBRED RESIDENT BROODMARE EMBRYO TRANSFER FORM Completed form due DECEMBER 1, 2025

For mares bred in 2025 and foals born in 2026, Standardbred horses are eligible to the Massachusetts Sire Stakes Program if they are the foal of a Standardbred mare that resides in the Commonwealth from December 1 of the year prior to foaling and continue such residence until foaling, and foals in the Commonwealth. **The donor mare AND the recipient mare MUST reside in Massachusetts from December 1, 2025 until foaling.** If EITHER mare listed on this form moves prior to foaling, this Department must be notified in writing. Provide a copy of the USTA Certificate of Embryo Transfer Form along with this registration form. **The foal's arrival must be reported to the Department within 24 hours of foaling, prior to the mare moving off the registered farm. Reports may be made by email to linda.harrod@mass.gov or by phone at 617-872-9956.**

1. DONOR (biological) broodmare information:

Donor mare: _____ Microchip/Freeze brand#: _____

Donor mare's present owner, lessee, or agent (circle one): _____

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

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

2. RECIPIENT (surrogate) broodmare information: Must have official identification

Recipient mare: _____ Breed: _____ Tattoo#/microchip (required): _____

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

3. Donor mare breeding information: (attach USTA Embryo Transfer Form)

Donor mare bred to: _____ Date last bred: _____
(Name of stallion)

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

Veterinarian who performed embryo transfer: _____ Embryo transfer date: _____

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. 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)

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