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!

STANDARDBRED RESIDENT BROODMARE EMBRYO TRANSFER FORM
Completed form due DECEMBER 1, 2026

For mares bred in 2026 and foals born in 2027, 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, 2026 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)