

# THE COMMONWEALTH OF MASSACHUSETTS



## Department of Agricultural Resources

Division of Animal Health, Standardbred Breeding Program

225 Turnpike Road, Southborough, MA 01772

Phone: 617-872-9956 Fax: 617-626-1736 [www.mass.gov/agr](http://www.mass.gov/agr)

**\*Please note, this is a new mailing address!\***



## STANDBRED RESIDENT BROODMARE REGISTRATION FORM

Completed form due **DECEMBER 1, 2024**

For mares bred in 2023 and foals born in 2024, 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. 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 Jockey Club registration information **no later than DECEMBER 1, 2024**. The foal's arrival must be reported to the Department within 24 hours of foaling, prior to the mare and foal moving off the registered farm. This form and foaling reports may be made by email to [linda.harrod@mass.gov](mailto:linda.harrod@mass.gov), phone 617-872-9956.

### 1. Broodmare information:

Name of mare: \_\_\_\_\_ Tattoo/microchip  
Freezebrand#: \_\_\_\_\_

Mare's present owner, lessee, or agent (circle one): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City or town) (State) (Zip code)

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Broodmare's location on December 1 of this year:

Farm name: \_\_\_\_\_ Farm owner/manager \_\_\_\_\_

Farm address: \_\_\_\_\_ MA, \_\_\_\_\_  
(Street) (City or town) (Zip code)

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. Breeding information:

Mare is bred to (stallion): \_\_\_\_\_ Date last bred: \_\_\_\_\_

Stallion location: \_\_\_\_\_  
(Name of farm) (Address) (City, state, zip)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. Signature:

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)