



# 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 mailing address!\***

### STANDARDBRED BROODMARE REGISTRATION FORM FOR MARES ENTERING MASSACHUSETTS AFTER December 1, 2024

Standardbred broodmares imported into Massachusetts or registered with MDAR **AFTER December 1** for the purpose of registering a foal must contact MDAR immediately upon arrival and submit this form. The mare listed below will be inspected to verify her presence on the registered farm and she must maintain such residence until foaling, and foal in the Commonwealth. If the mare listed on this form moves prior to foaling for any reason, MDAR must be notified immediately. This form must be completed and returned to this office along with a copy of the mare's USTA registration information. **For the foal of this mare to be eligible to the Massachusetts Standardbred Breeders Program, the mare MUST be bred back to a Massachusetts registered stallion and must appear on the stallion's mares bred list. 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, phone 617-872-9956.**

#### 1. Broodmare information:

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

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

Address: \_\_\_\_\_  
(Street) (City, town) (State) (Zip)

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

#### 2. Broodmare's Massachusetts location:

Farm name: \_\_\_\_\_ Manager: \_\_\_\_\_

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

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

#### 3. Breeding information:

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

Stallion location: \_\_\_\_\_  
(Name of farm) (Street) (City, town) (State) (Zip)

Email address: \_\_\_\_\_ 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)