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, 2026

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 in 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)