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
Please note, this is a new mailing address!

STANDARDBRED RESIDENT BROODMARE REGISTRATION 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. 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 USTA registration papers, or USTA registration information **no later than DECEMBER 1, 2026**. **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: _____ 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 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)