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 STALLION LIST OF MARES BRED AND DECLARATION FORM, due October 1, 2026

Email completed form to linda.harrod@mass.gov - phone 617-872-9956

STALLION INFORMATION:

Name of stallion: _____ Freezebrand Microchip/tattoo: _____

Name of farm where stallion stood for the 2026 breeding season: _____

LIST OF MARES BRED BY THE ABOVE LISTED STALLION:

1. Mare's registered name: _____ Freezebrand, M/C tattoo: _____ Date last bred: _____

Breeders name: _____

Breeders address: _____
(Street) (City, state) (Zip code)

Breeders email address: _____ Phone: _____

2. Mare's registered name: _____ Freezebrand, M/C, tattoo: _____ Date last bred: _____

Breeders name: _____

Breeders address: _____
(Street) (City, state) (Zip code)

Breeders email address: _____ Phone: _____

3. Mare's registered name: _____ Freezebrand, M/C, tattoo: _____ Date last bred: _____

Breeders name: _____

Breeders address: _____
(Street) (City, state) (Zip code)

Breeders email address: _____ Phone: _____

4. Mare's registered name: _____ Freezebrand, M/C, tattoo: _____ Date last bred: _____

Breeders name: _____

Breeders address: _____
(Street) (City, state) (Zip code)

Breeders email address: _____ Phone: _____

4. DECLARATION:

I, (we), the undersigned do declare that the Standardbred Stallion (name) _____ did stand the entire breeding season, February 1st through June 30th, inclusive in the Commonwealth of Massachusetts at (name of farm) _____, and I declare that this information is true and accurate, to the best of my knowledge.

X_____
(Signature of breeder, owner, lessee or agent) **(Date)**

X_____
(Printed name of breeder, owner, lessee or agent) **(Date)**