



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



STANDBRED YEARLING REGISTRATION FORM

(For foals born in 2025) Completed form due by December 31, 2026

Return form and USTA registration to linda.harrod@mass.gov or fax/mail—listed above

1. FOAL INFORMATION:

Foal's Registered Name: _____
(USTA approved)

Freezebrand: _____ Microchip: _____

Sire: _____ Dam: _____

Foal's Sex: Colt Filly Markings: _____ Date of Foaling: _____

2. ELIGIBILITY:

Foal is eligible because (check one):

This foal is sired by a Massachusetts registered stallion. Name of stallion: _____

The dam of this foal was bred back to a Massachusetts stallion. (Mare must be listed on stallion's mares bred list)

The dam of this foal was in Massachusetts on December 1 of the year prior to foaling and foaled in Massachusetts.

Foaling farm: _____

3. SIGNATURE:

Applicant is: Breeder Owner Lessee of the above registered foal.

Foal breeder, owner or lessee, name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

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 the penalties of perjury that I, to the best of my belief and knowledge have filed all State tax returns and paid all State taxes required:

X _____ Date: _____
(Signature of breeder, owner or lessee)

X _____ Date: _____
(Printed name of breeder, owner or lessee)