



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Thoroughbred Breeding Program

251 Causeway Street, Suite 500, Boston, MA 02114

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THOROUGHBRED BROODMARE RESIDENT REGISTRATION Completed form due **OCTOBER 15**

For mares bred in 201__ and foals born in 201__, Thoroughbred horses are eligible for the Massachusetts Thoroughbred Breeding Program if they are the foal of a Thoroughbred mare that resides in the Commonwealth from October 15 of the year prior to foaling and continues 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 Jockey Club registration papers, or MTBA registration information** no later than OCTOBER 15 of year bred.

1. Broodmare information:

Name of mare: _____ Freeze brand/Tattoo#: _____

Mare's present owner, lessee, or agent: _____

Address: _____ Telephone: _____
(Street) (City or town) (State) (Zip code)

Email address: _____

2. Broodmare's location on October 15 this year:

Farm name: _____ Farm owner/manager: _____

Farm address: _____ MA, _____ Telephone: _____
(Street) (City or town) (Zip code)

3. Breeding information:

Mare bred to: _____ Date last bred: _____
(Name of stallion)

Stallion location: _____ Telephone: _____
(Name of farm) (Address) (City, state, zip)

4. Signatures:

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:

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

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)