THE COMMONWEALTH OF MASSACHUSETTS
Department of Agricultural Resources
Division of Animal Health, Thoroughbred 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!

THOROUGHBRED YEARLING REGISTRATION FORM

Completed form due December 31, 2024

Please return form to linda.harrod@mass.gov or mail to the above address

1. FOAL INFORMATION:

Foal's Registered Name: _____
(Jockey club approved)

Jockey Club #: _____ **Microchip:** _____ **Tattoo:** _____

Sire: _____ **Dam:** _____

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

2. ELIGIBILITY:

Foal is eligible because (check one):

☐ The dam of this foal was in Massachusetts on October 15 of the year prior to foaling and foaled in Massachusetts.

Location of foaling: _____

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

Name of stallion: _____

3. SIGNATURE:

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

Foal owner, breeder or lessee, name: _____

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

Email address: _____ **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 breeder, owner or lessee)