



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Thoroughbred Breeding Program

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****Please note, this is a new mailing address****



THOROUGHBRED STALLION LIST OF MARES BRED AND DOMICILE DECLARATION FORM – Due September 1, 2024 Email completed form to linda.harrod@mass.gov - phone 617-872-9956

STALLION INFORMATION:

Name of stallion: _____

Name of Farm where stallion stood for the 2024 breeding season: _____

LIST OF MARES BRED BY THE ABOVE LISTED STALLION:

1. Mares registered name: _____

ID (JC# Microchip, tattoo): _____ Date last bred: _____

Breeders name and address: _____ Phone: _____

2. Mares registered name: _____

ID (JC# Microchip, tattoo): _____ Date last bred: _____

Breeders name and address: _____ Phone: _____

3. Mares registered name: _____

ID (JC# Microchip, tattoo): _____ Date last bred: _____

Breeders name and address: _____ Phone: _____

4. Mares registered name: _____

ID (JC# Microchip, tattoo): _____ Date last bred: _____

Breeders name and address: _____ Phone: _____

5. Mares registered name: _____

ID (JC# Microchip, tattoo): _____ Date last bred: _____

Breeders name and address: _____ Phone: _____

4. DOMICILE DECLARATION:

I, (we), the undersigned do declare that the Thoroughbred 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.

Applicants signature: _____

Applicants printed name: _____