

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



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### MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM -- STALLION REGISTRATION

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MASSACHUSETTS CMR 23.03: In order to become a REGISTERED MASSACHUSETTS THOROUGHBRED STALLION, the owner shall register with the Department of Agricultural Resources on or before the first day of March, 1986, and in subsequent years on or before the first day of February of the year the stallion stands at stud, and etc.

Name of Stallion \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Dam's Sire \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Jockey Club Cert. No. \_\_\_\_\_ Tattoo No. \_\_\_\_\_

Owner \_\_\_\_\_ Address of Owner \_\_\_\_\_

Street City, Town Zip

Telephone No. of Owner \_\_\_\_\_

Name of Farm/Stable where stallion will stand \_\_\_\_\_

Address of Farm \_\_\_\_\_

Street

City, Town

Zip

Name Farm of Manager \_\_\_\_\_ Telephone of Farm \_\_\_\_\_

If stallion is leased, attach a copy of lease.

I hereby certify that the Thoroughbred stallion registered herewith will stand in the Commonwealth of Massachusetts for the full breeding season of 201 \_\_\_\_\_.

Signature of Owner or Lessee X \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, section 49A, I hereby certify under penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

X \_\_\_\_\_

Signature

For office use only:

Division of Animal Health

Mass. Reg. No. \_\_\_\_\_

Issued \_\_\_\_\_

By \_\_\_\_\_

Mail To: Massachusetts Thoroughbred Program

Agricultural Resources

Division of Animal Health

251 Causeway St. Suite 500

Boston, MA 02114-2151

Please remember to complete form with all information requested.

Telephone: (617) 626-1795

Fax: (617) 626-1850