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 address and fax number!

THOROUGHBRED STALLION REGISTRATION FORM

Completed form due February 1, 2027

Email completed form to linda.harrod@mass.gov - phone 617-872-9956

In order to become a REGISTERED MASSACHUSETTS THOROUGHBRED STALLION, the stallion shall be registered with the Department of Agricultural Resources on or before February 1, 2027. Provide a copy of the stallion's Jockey Club registration papers along with this form. Said stallion shall stand on the registered farm for the entire breeding season which runs from February 1 through June 30. Should this stallion need to move off the farm listed below for any reason during the breeding season, MDAR must be notified immediately. ***List of mares bred is due to MDAR by September 1, 2027***

1. STALLION INFORMATION:

Stallion's registered name (Jockey Club): _____

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

2. STALLION OWNER INFORMATION:

Stallion owners name: _____
Full name of individual, partnership, or entity as registered with the Jockey Club.

Stallion owners address: _____
(street) (town) (state) (zip code)

Stallion owners email address: _____ **Phone:** _____
If stallion is leased, please include a copy of lease documents.

2. LOCATION OF STALLION ON FEBRUARY 1:

Farm name: _____

Farm owner/manager: _____

Farm address: _____, MA _____
(street address) (town) (zip code)

Email address: _____ **Farm phone:** _____

4. SIGNATURES:

I hereby certify that the Thoroughbred stallion registered herewith will stand in the Commonwealth of Massachusetts for the full breeding season of 2024.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 _____
(Signature of breeder, owner, lessee or agent) (Date)

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