



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Thoroughbred Breeding Program
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 Fax: 617-626-1850 www.mass.gov/agr

THOROUGHBRED BROODMARE REGISTRATION
For broodmares entering Massachusetts after
OCTOBER 15

Thoroughbred broodmares imported after October 15 into the Commonwealth for the purpose of registering a foal with the Department must be registered as soon as the arrival date is known. The mare listed below is subject to inspection. 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 or MTBA registration information.

1. Broodmare information:

Name of mare: Jockey Club Cert.: Tattoo#
Mare's present owner, lessee, or agent:
Address: Telephone:
(Street) (City, town) (State) (Zip)
Email address: Telephone:

2. Broodmare's Massachusetts location:

Farm name/manager: Arrival date:
Farm address: MA, Telephone:
(Street) (City or town) (Zip code)

3. Breeding information:

Mare in foal 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)