

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Bureau of Animal Health**  
**Department of Food and Agriculture**  
**251 Causeway St., Suite 500**  
**Boston, MA 02114-2151**

**MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM**

**DOMICILE DECLARATION FORM FOR REGISTERED MASSACHUSETTS  
THOROUGHBRED STALLIONS**

I, (We) the undersigned do declare that the Thoroughbred Stallion \_\_\_\_\_  
Name  
did stand the entire breeding season, February 1st through June 30<sup>th</sup> \_\_\_\_\_ in the Commonwealth  
Year  
of Massachusetts \_\_\_\_\_  
Name of Farm

\_\_\_\_\_  
Location of Farm

and that this information is true and accurate, and that if any of it proven wrong or inaccurate, all stallion awards will be forfeited and refunded.

Signature: \_\_\_\_\_  
(Owner) (Lessee) (Syndicate)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

A stallion domicile declaration and a list of all Thoroughbred mares bred to said stallion must be submitted to the Department of Food and Agriculture. Thoroughbred Breeding Program, by September 1 of each year if stallion is to be eligible for stallion incentive awards in the Massachusetts Thoroughbred Breeding Program.