

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



MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

1. Breeder Information:			
Breeder: _____		Telephone Number: _____	
Address: _____		City: _____	State: ____ Zip Code: _____
Foal's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Color: _____	Date of Foaling: _____ (month/day/year)	
Foal's Name: _____ (as approved by Jockey Club)		JC Reg #: _____	
Sire: _____		Dam: _____	

2. Location of Foaling: To Be Completed by Foaling Farm Owner			
Foaling Farm: _____ (farm name)		Farm Owner: _____ (name)	
Farm Address: _____		City: _____	State: ____ Zip Code: _____
I hereby certify, under the pains and penalties of perjury, that the mare _____ (Dam's Name)			
foaled a <input type="checkbox"/> Male <input type="checkbox"/> Female on _____ at the above location. (month/day/year)			
X _____ (Signature of Foaling Farm Owner or Manager)		Date: _____	

Registration Eligibility and Applicant's Certificate	
Did the dam reside in Massachusetts continuously from October 15 of the year prior to foaling, until foaling?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete Section A. If "No", complete Section B.	

SECTION A	
To Be Completed By Breeder: List all locations where dam was stabled from October 15 of the year prior to foaling, until foaling.	
Dates: _____	Name of Farm & Address: _____
Dates: _____	Name of Farm & Address: _____
Dates: _____	Name of Farm & Address: _____

APPLICATION FOR REGISTRATION OF MASSACHUSETTS BRED FOAL

SECTION B

To be completed by Massachusetts stallion owner or manager if dam named herein was breed back to registered Massachusetts stallion in the same breeding season she foaled in Massachusetts:

Stallion: _____ (name) Dates of Cover: _____ (1st, last month, year)

Location of Cover: _____ (name of farm) Farm Owner: _____ (name)

I hereby certify, under the pains and penalties of perjury, that the above named stallion covered the mare named _____ on above dates, at the above farm.

X _____ (signature of owner or farm manager) Date: _____ Telephone: _____

APPLICANT'S CERTIFICATE

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:

Applicant's Signature: _____ Date: _____

Applicant is: Breeder Owner Lessee of the registered foal.

If the applicant is Owner or Lessee, provide name and address: Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

This application must be accompanied with a foal registration fee of fifty dollars (\$50.00) in a money order or certified check, payable to COMMONWEALTH OF MASSACHUSETTS.

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

Applicant's Signature: _____ Date: _____

Mail To:
 Massachusetts Thoroughbred Program
 Mass. Dept of Agricultural Resources
 Division of Animal Health
 Biosecurity & Dairy Services
 251 Causeway Street, Suite 500
 Boston, MA 02114-2151

Telephone: 617-626-1792
 Fax: 617-626-1850

For Office Use Only: Mass. Reg. Number _____ Issued _____ 20 _____ By _____
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