



# THE COMMONWEALTH OF MASSACHUSETTS

## Department of Agricultural Resources

Division of Animal Health, Standardbred Breeding Program

251 Causeway Street, Suite 500, Boston, MA 02114

617-626-1795 Fax: 617-626-1850 www.mass.gov/agr

### STANDBRED YEARLING REGISTRATION

Completed form due May 15 of the yearling season

#### 1. FOAL INFORMATION:

Foal's Registered Name: \_\_\_\_\_ (U.S.T.A. approved) Freezebrand/  
tattoo# \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Foal's Sex: Filly  Colt  Color: \_\_\_\_\_ Date of Foaling: \_\_\_\_\_

#### 2. ELIGIBILITY:

Foal is eligible because (check one):

- This foal is sired by a Massachusetts registered stallion. Name of stallion: \_\_\_\_\_
- The dam of this foal was bred back to a Massachusetts stallion. Name of stallion: \_\_\_\_\_ Date bred: \_\_\_\_\_
- The dam of this foal was in Massachusetts on December 1 of the year prior to foaling and foaled in Massachusetts.

#### 3. APPLICANT'S CERTIFICATE:

Applicant is: Breeder  Owner  Lessee  of the above registered foal.

Foal owner or lessee: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this yearling eligible to another state's sire stakes/breeding program? Yes  No

If yes, what state? \_\_\_\_\_

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: \_\_\_\_\_

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:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants printed name: \_\_\_\_\_ Date: \_\_\_\_\_