## STANDARDBRED OWNERS OF MASSACHUSETTS, INC.

P.O. Box #1682 Plainville, MA 02762 email: info@sominc.net

## **STATEMENT OF MARE'S RESIDENCE 2019**

Name of Mare		Age	_Color	Tattoo #
Mare's Present: Owne	r, Lessee or Agent, (P	lease circle	one)	
Owner, Lessee, or Age	ents Name			
Address		Telephone #		
MARE'S LOCA	ATION ON DECI	EMBER 1	<sup>ST</sup> OF TI	HIS YEAR 2018
Name of Farm				
Farm Owner				
Farm Address		MAZip		
Phone Number			wn	Zip
	2018 BREEDING	INFORM	<b>IATION</b>	
Mare in Foal to		Last Breeding Date		
Location of Stallion;_	Name of farm	1		
Location of Stallion;_	Name of farm Town, State, Zip	1		
Location of Stallion;_	Name of farm Town, State, Zip			

This form and registration fee of \$25.00 must be submitted to S.O.M., Inc. no later than December 1<sup>st</sup>, 2018. Checks should be made payable to: S.O.M., Inc., and mailed to: S.O.M., Inc., PO Box #1682, Plainville, MA 02762.

\*\*Reminder\*\* All Resident mares must also be registered with the Department of Agricultural Resources, Bureau of Animal Health by December 1, 2018. No Exceptions. Forms available at www.sominc.net or contact the Department at (617) 626-1792 for the appropriate form.