

THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Standardbred Breeding Program 225 Turnpike Road, Southborough, MA 01772 Phone: 617-872-9956 Fax: 617-626-1736 www.mass.gov/agr



STANDARDBRED YEARLING REGISTRATION FORM

(For foals born in 2024) Completed form due by <u>December 31, 2025</u>

Please return form to linda.harrod@mass.gov or mail to the above address

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1. FOAL INFORMATION:		
Foal's Registered Name: (USTA approved)		
Freezebrand:	Microchip:	-
Sire: Dam:		
Foal's Sex: Colt Filly	Markings:	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. (Mare must be listed on stallion's mares bred list)		
The dam of this foal was in Massachusetts on December 1 of the year prior to foaling and foaled in Massachusetts.		
Foaling farm:		
J. SIGNATURE.		
Applicant is: Breeder	Owner Lessee	of the above registered foal.
Foal breeder, owner or lessee, name:		
Address:	City:	State:Zip:
Email:	Phone:	
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. 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:		
X (Signature of breeder, owner or le	ssee)	Date:
X(Printed name of breeder, owner of	or lessee)	Date: