

For Breeding Season of 20 _____

For Foals of 20 _____

NAME OF STALLION: _____ NUMBER OF MARES BRED _____

IMPORTANT

Record of Mares Bred forms must be received by or postmarked no later than September 1st.

Fees for late submission shall be assessed as follows:

1 – 30 days late - \$50.00

30 – 60 days late - \$150.00

All reports which are received more than 60 days past the due date shall be subject to an administrative hearing and/or a \$250.00 fee.

1. **NOTE: A report must be filed by September 1 whether or not your stallion serviced mares. If no mares were bred, please check here:** _____
2. Include all mares serviced, whether or not they are currently in foal. A \$50.00 fee will be assessed for each mare not included on this report.
3. If a stallion participated in the **Transported Fresh Semen** program, all mares inseminated by this method must be designated as such. Please indicate this information with the initials "TFS" after the breeding dates.
4. If stallion has died or been sold, please check here: _____ If sold, indicate date of sale and name and address of new owner:

**ILLINOIS DEPARTMENT OF AGRICULTURE
ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM
P.O. BOX 19281, Springfield, IL 62794-9281
PHONE: 217/785-0106 FAX: 217/524-6194 TDD: 866/287-2999**

Correct Name of Mare (Please type or print legibly.) Required: AQHA or Jockey Club Registration Number	Dates Serviced (First and Last) Please indicate if mare was bred with Transported fresh semen (TFS), or if Pasture Bred	Complete Name and Address of Mare Owner(s)
1) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
2) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
3) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
4) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____

I hereby certify that mares reported on this document were serviced by the stated stallion for participation in the Illinois Racing Quarter Horse Breeders Fund Program.

Signed: _____ **Date:** _____

(Owner of stallion or authorized representative)

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 230 ILCS 5. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-1613 (2/00).

Correct Name of Mare (Please type or print legibly.) Required: AQHA or Jockey Club Registration Number	Dates Serviced (First and Last) Please indicate if mare was bred with Transported fresh semen (TFS). Or if Pasture Bred	Complete Name and Address of Mare Owner(s)
5) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
6) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
7) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
8) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
9) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
10) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
11) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
12) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____
13) _____ AQHA Reg. # _____ J.C. Reg. # _____		_____ _____ _____