

ILLINOIS DEPARTMENT OF AGRICULTURE STANDARD BRED RECORD OF MARES BRED

For Breeding Season of 20_____

For Foals of 20_____

NAME OF STALLION _____

Number of Mares Bred _____

- Important -

- 1) Record of Mares Bred forms must be received by, or postmarked no later than **September 1**. Fees for late submission shall be assessed as follows:
 1-30 days late - \$50.00
 31-60 days late - \$150.00
 All reports which are received more than 60 days past due date are subject to an administrative hearing and a \$250.00 fee.
- 2) **NOTE: A report must be filed by September 1 whether or not your stallion serviced mares.** If no mares were bred, please indicate here: _____
- 3) **There shall be a \$50.00 fee assessed for each mare serviced by the stallion and not included on this report. Include all mares serviced, whether or not they are currently in foal.**
- 4) If 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.
- 5) Attach and number additional pages of this record if necessary. **Please type or print legibly.**
- 6) **This document must be signed.** The fully completed Record of Mares Bred must be submitted by **September 1st** to:

**ILLINOIS DEPARTMENT OF AGRICULTURE
HORSE RACING PROGRAMS – P.O. BOX 19281
SPRINGFIELD, IL 62794-9281
Tele: (217) 782-4231, TDD (866) 287-2999**

Correct Name of Mare If known, please indicate U.S.T.A. Tattoo Number	Dates Serviced, First & Last Indicate if Mare Bred with Transported Fresh Semen (TFS), or if Pasture Bred	Name and Complete Address of Mare Owner
1.) _____ Tattoo #:		_____ _____
2.) _____ Tattoo #:		_____ _____
3.) _____ Tattoo #:		_____ _____
4.) _____ Tattoo #:		_____ _____

I hereby certify that the mares reported on this document were serviced by the stated stallion for participation in the Illinois Standardbred Breeders Fund Program according to the Rules and Regulations of the Horse Racing Act of 1975.

Signed: _____

Date: _____

(Owner of stallion or authorized agent must sign.)