



**THOROUGHBRED MARE STATUS REPORT  
EARLY ARRIVAL PROGRAM  
FOR ILLINOIS FOALED THOROUGHBREDS  
(For Mares in Illinois on or before December 1)**

**THIS REPORT MUST BE RETURNED ON OR BEFORE DECEMBER 1, 2024.**

Date \_\_\_\_\_

Name of Mare \_\_\_\_\_ Jockey Club # \_\_\_\_\_

Mare Owner(s) \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Date Bred \_\_\_\_\_ 2024 To the Stallion \_\_\_\_\_  
(Only for stallions not registered in Illinois)

Mare Was Bred In \_\_\_\_\_  
(State)

**INDICATE THE PERSON IN CHARGE AND THE IL LOCATION OF THE MARE ON OR BEFORE DECEMBER 1, 2024.**

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, Illinois Zip Code \_\_\_\_\_

**MARE ARRIVED OR WILL ARRIVE AT ABOVE LOCATION ON \_\_\_\_\_, 2024.**

**NAME AND ADDRESS OF PERSON WHO WILL BE IN CHARGE OF MARE AT FOALING LOCATION:** (If the same as December 1st location, leave blank.)

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, Illinois Zip Code \_\_\_\_\_

Mare will arrive at above foaling address on \_\_\_\_\_ 2024/ 2025.

INDICATE IF MARE IS TO BE BRED OUT OF ILLINOIS AFTER FOALING. \_\_\_\_\_

**NOTE: TO BE ELIGIBLE, MARE MUST BE IN THE STATE ON OR BEFORE DECEMBER 1 OF THE YEAR THE FOAL IS CONCEIVED AND REMAIN CONTINUOUSLY IN THE STATE UNTIL THE FOAL IS INSPECTED. THE MARE MUST FOAL IN THE STATE OF ILLINOIS FOR HER FOAL TO BE ELIGIBLE FOR REGISTRATION IN THE ILLINOIS THOROUGHBRED BREEDERS FUND PROGRAM FOR ILLINOIS FOALED THOROUGHBREDS.**

**THIS REPORT SHOULD BE COMPLETED AND RETURNED BEFORE DECEMBER 1, 2024, TO ENSURE THAT THE ON-SITE MARE INSPECTION IS CONDUCTED AND THE ILLINOIS LOCATION OF THE MARE IS VERIFIED BY A DEPARTMENTAL INVESTIGATOR BY THAT DATE. MONETARY PENALTIES AND/OR ADMINISTRATIVE REVIEW WILL BE IMPOSED UPON ILLINOIS FOALED MARE STATUS REPORT FORMS WHICH ARE SUBMITTED/POSTMARKED AFTER THE STATUTORY DEADLINE.**

**THE DEPARTMENT OF AGRICULTURE MUST KNOW THE LOCATION OF THE MARE FROM THE TIME SHE ENTERS THE STATE UNTIL ALL STATUTORY REQUIREMENTS HAVE BEEN MET. PLEASE KEEP US INFORMED OF ANY CHANGES FROM THE ABOVE INFORMATION.**

**AFTER THE ON-SITE MARE INSPECTION HAS BEEN COMPLETED, AN APPLICATION FOR FOAL REGISTRATION WILL BE MAILED TO THE PERSON IN CHARGE OF THE MARE AT THE FOALING LOCATION. THE APPLICATION FOR FOAL REGISTRATION MUST BE FILED WITH THE DEPARTMENT OF AGRICULTURE WITHIN TEN (10) DAYS AFTER FOALING. THE MARE AND FOAL MUST BE IDENTIFIED OR GIVEN WRITTEN NOTICE BY A DEPARTMENT REPRESENTATIVE PRIOR TO LEAVING THE STATE.**

\_\_\_\_\_  
Email address of contact person for this mare  
(may add more than one email address)

\_\_\_\_\_  
Signature of Person Preparing this Form

**RETURN THIS FORM TO:**  
HORSE RACING PROGRAMS  
DEPARTMENT OF AGRICULTURE  
STATE FAIRGROUNDS, P.O. BOX 19281, SPRINGFIELD, ILLINOIS 62794-9281  
TELEPHONE: (217) 782-4231 ♦ FAX: (217) 524-6194 ♦ TDD: (866) 287-2999  
Additional Information and Forms at: [www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/default.aspx](http://www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/default.aspx)