DUE SEPTEMBER 1

ILLINOIS DEPARTMENT OF AGRICULTURE STANDARDBRED RECORD OF MARES BRED

Page _

For Breeding Season of 20____ For Foals of 20____ Number of Mares Bred

NAME OF STALLION _

- Important -

- 1) Record of Mares Bred forms must be received by, or postmarked no later than <u>September 1</u>. 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 <u>and</u> a \$250.00 fee.

- 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.
- This document must be signed. The fully completed Record of Mares Bred must be submitted by <u>September 1st</u> 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	Dates Serviced, First & Last Indicate if Mare Bred with	Name and Complete Address of Mare Owner
U.S.T.A. Tattoo Number	Transported Fresh Semen (TFS), or if Pasture Bred	
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: ___

(Owner of stallion or authorized agent must sign.)

Date: _

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 230ILCS5. Failure to provide this information shall prevent the form from being processed. This form has been approved by the State Forms Management Center. IL406-0672 (7-96)