



MARE STATUS REPORT

No Fee Required

Date _____

Quarter Horse _____ Standardbred Horse _____ Thoroughbred Horse _____ (Please check one Breed)

NAME OF MARE _____ State Registration Number _____
Color _____ Tattoo _____ National Breed Registration Number _____
Last Date Bred _____ Due Date(approximately) _____
Bred to (stallion) _____ State Registration Number _____
(if Iowa registered stallion)

CURRENT MARE OWNER:

Name _____ Telephone _____
Address _____ County _____
City, State, ZIP _____ Social Security _____

FOALING LOCATION AND CONTACT NAME: (If same as owner, leave blank.)

Name: _____ County _____
Address: _____
City, State, Zip: _____ Telephone: _____

Standardbred owners: Please list the owner of mare at Time of conception (if different from current owner)
Name: _____
Address: _____
City, State, ZIP _____

Is mare to be bred out of Iowa after foaling? Yes _____ No: _____

If to be bred back to an Iowa stallion:
Name of Stallion _____ State Registration No. _____

Mare will arrive at foaling address not later than: _____

PLEASE INDICATE MARE STATUS (Check One):

- () Mare is in foal () Mare was not bred/not in foal
() Mare is deceased () Mare was bred, but came up open
() Mare will not foal in Iowa
Mare sold to:

Name: _____
Address _____
City _____ State _____ Zip _____

IMPORTANT:

- This form must be received PRIOR TO FOALING for your expected foal to be eligible for the Iowa Breeder's Fund.
This report must be received by Dec. 31 of the year conceived for the mare to meet the Dec. 31 residency requirements.
1. The above mare must foal in the State of Iowa for that foal to be eligible for registration in the Iowa Horse Breeders fund program.
2. Other requirements are:
A. Thirty days' residency until the foal is inspected by a Department inspector, if in foal to a registered Iowa Stallion.
B. Thirty days' residency until the foal is inspected by a Department inspector for broodmares which are bred back to registered Iowa stallions.
C. Continuous residency from December 31 until the foal is inspected by a Department inspector, if the mare was bred by other than an Iowa registered stallion and is not bred back to an Iowa registered stallion.

PLEASE CALL YOUR INSPECTOR OR THE OFFICE 30 DAYS PRIOR TO FOALING. TELEPHONE NUMBERS: MONICA STREICHER (515) 250-6139 OR SAM BURNIGHT (515) 250-6108 OFFICE (515) 281-4103 OR (515) 281-7683 - FAX (515) 281-8025. NOTIFY THE BUREAU IMMEDIATELY IF YOUR MARE CHANGES LOCATION.

return this form to: Horse Racing Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
Des Moines, Iowa 50319

Additional forms visit our website www.iowaagriculture.gov

Form M-5-1