

**ILLINOIS DEPARTMENT OF AGRICULTURE
STANDARD BRED BREEDERS FUND PROGRAM**

**PROCEDURES FOR REPORTING AND REGULATIONS REGARDING MARES
INSEMINATED BY TRANSPORTED FRESH SEMEN**

- 1) The mare owner or his/her authorized representative who wishes to participate in the Transported Fresh Semen program should contact the Department's Horse Racing Program at (217) 782-4231 to request Transported Fresh Semen Report forms.
- 2) The mare owner or his/her authorized representative is to submit the Transported Fresh Semen Report to the Department **within ten (10) days** of the receipt of the semen. Photocopies or facsimiles will be accepted. **If it is necessary to rebreed the mare, any subsequent inseminations utilizing transported fresh semen must be reported.** Likewise, if a mare is rebred and transported fresh semen is not utilized (i.e., mare is transported to and bred at farm where stallion is located), the Department should be notified.
- 3) Illinois Department of Agriculture equine investigators will visit the site of insemination, for the purpose of verifying information and identifying recipient mares at Illinois locations. **The mare is to remain at the insemination site until such time as the identification has been performed.** If it becomes necessary to move the mare prior to the identification, this office must be notified. The mare **must remain in the State of Illinois** until the identification has been performed, or permission to be moved has been granted by the Department. Any violations will be reported to the Springfield office and dealt with accordingly.
- 4) The stallion owner or his/her authorized representative is to indicate on the breeding record (Record of Mares Bred), filed with the Department by September 1 each year, all mares artificially inseminated with transported fresh semen.
- 5) **It is a violation of the Statute governing the Illinois Standardbred Breeders Fund Program for semen from an Illinois-eligible stallion to be transported out-of-state for the purpose of inseminating a mare or mares.** If such an event should occur, such resulting foal will not be eligible for Illinois-registration and an administrative hearing may be conducted to determine the eligibility of the stallion to this program and the eligibility of those involved to participate in the Illinois Standardbred Breeders Fund Program.
- 6) The Application for Foal Registration will identify Illinois-eligible foals conceived from a dam inseminated by transported fresh semen.
- 7) If you should have any questions regarding fresh semen transportation, please contact the Illinois Department of Agriculture's Horse Racing Program at (217) 782-4231, or the United States Trotting Association at (614) 224-2291.

**ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF COUNTY FAIRS & HORSE RACING
P.O. BOX 19281 ♦ SPRINGFIELD, ILLINOIS 62794-9281
217/785-0106 ♦ Fax: 217/524-6194
agr.horseracing@illinois.gov
www.agr.state.il.us / Horse Racing**

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STANDARD BRED BREEDERS FUND PROGRAM**

TRANSPORTED FRESH SEMEN REPORT

(WITHIN ILLINOIS)

- To Be Completed for Each Insemination -

This form must be returned to the Department of Agriculture within ten (10) days of receipt and use of semen with all requested information and required signature. Facsimiles will be accepted. Form may be completed by mare owner, farm manager, or veterinarian. **Note:** If mare is rebred utilizing transported fresh semen, **subsequent inseminations must be reported.** Mares participating in this program must be identified at the insemination site by an Illinois Department of Agriculture investigator.

THIS SECTION IS TO BE COMPLETED BY PERSON RESPONSIBLE FOR MARE AT INSEMINATION SITE.

NAME OF STALLION: _____

NAME OF MARE: _____ TATTOO NUMBER: _____

DESCRIPTION OF MARE COLOR: _____ MARKINGS, BRANDS, OR SCARS: _____

MARE OWNER, NAME, AND ADDRESS: _____

TELEPHONE NUMBER (____) _____

SEMEN COLLECTED AND SHIPPED: _____ DATE OF INSEMINATION: _____

PLACE OF INSEMINATION (FARM NAME): _____

COUNTY _____

CITY/TOWN: _____ TELEPHONE NUMBER: _____

NAME OF PERSON WHO PERFORMED INSEMINATION: _____

NAME OF PERSON CERTIFYING THAT ABOVE INFORMATION IS CORRECT (SIGNATURE REQUIRED):

PRINT NAME: _____ TELEPHONE NUMBER: (____) _____

THIS REPORT MUST BE RETURNED WITHIN TEN (10) DAYS OF RECEIPT OF SEMEN TO:

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THIS SECTION TO BE COMPLETED BY DEPARTMENT OF AGRICULTURE EQUINE INVESTIGATOR.

VALIDATED BY: _____ DATE: _____