This form should be completed on-line, saved, printed and mailed to:
HORSE RACING PROGRAMS
DEPARTMENT OF AGRICULTURE
STATE FAIRGROUNDS
P.O. BOX 19281
SPRINGFIELD, ILLINOIS 62794-9281

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, 2016. Date _____

Name of Mare _____ Jockey Club # _____.

Mare Owner(s) _____ Telephone # (____)_____

Address _____ City _____ State _____ Zip Code _____.

Last Date Bred _____ 2016 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, 2016.

Name _____ Telephone # (____)_____.

Address _____ City _____, Illinois Zip Code _____.

MARE ARRIVED OR WILL ARRIVE AT ABOVE LOCATION ON _____, 2016.

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 _____, 2016 / 2017.

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, 2016, 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: (217) 524-6858
Additional Information and Forms at www.agr.state.il.us / Horse Racing

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 230 ILCS 5. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.
IL 406-0679 (7-83)