2027 New Jersey Stallion Registration

Stallion Name: _____ ☐T ☐P Stud Fee: _____

YEAR FOALED: _____ RACE RECORD: _____ SIRE OF STALLION: _____

☐ Check if you are registering as a dual hemisphere stallion ☐ Check if the stallion will race during the breeding season

Farm Standing: _____

Address: _____

*City:*_____ *State:* _____ *Zip:*_____

Farm Manager: _____ *E-mail:*_____ *Telephone:*_____

Registered Owner(s) _____

Owners must be current members of the SBOANJ. If stallion is syndicated or has multiple owners, please attach list of all owners/lessees and addresses.

Address: _____

City: _____*State:* _____ *Zip:* _____

E-mail: _____ *Telephone:* _____

Registered Lessee(s) *If different from above*_____

If stallion is leased, a copy of the valid lease agreement MUST accompany this application or be on file in the SBOANJ office.

Address: _____

City: _____*State:* _____ *Zip:* _____

E-mail: _____*Telephone:* _____

- I certify under penalty of perjury that the foregoing information is true and correct and I agree that the above-named stallion, as a condition of registration, will stand the entire breeding season in the state of New Jersey.
- I agree to comply with all the rules and regulations governing the registration of stallions in New Jersey.

X_____ Date: _____

Signature of owner, lessee or authorized Corresponding Officer

Due January 15th 2027

FOR OFFICE USE ONLY:
Date Received: _____

Return form and fees to: SBOANJ
64 Business Route 33
E-mail: info@sboanj.com
Phone: 732 462-2357