Genetic test Form

_____ _____
Name of Horse Registration Number
If unregistered, please provide the following:

_____ _____ _____
Dam's Name Number Foaling Date

Appropriate Fee
- **$85** for **Genetic test** (HYPP, PSSM, GBED,MH and HERDA) for members
- **$105** for **DNA test** and **Genetic test** (HYPP, PSSM, GBED,MH and HERDA) for members
- **$125** for **Genetic test** (HYPP, PSSM, GBED, MH and HERDA) for non-members

Mail kits to: AQHA ID # _____ Name _____

Adress _____

Daytime telephone number: (_____)_____

I hereby certify that the horse described above by foaling date, dam's name and laboratory case number is the horse from which the sample was taken. I hereby release AQHA from any and all claims in the event of injury or death to the animal, personnel or damage to property as a result of collecting the sample.
It is further understood and agreed that while the genetic results of this horse are to become a permanent record and will be available to aid in resolving parentage questions of the horse or of its purported offspring, this information may not preclude the necessity of requiring another sample in the event of a parentage dispute.

_____ _____
Signature of Owner Date Signed

Send to AQHA: Fax: 001 806 349 6408 or e-mail: INTL@aqha.org

Do NOT send cash. Checks, money orders, Visa, MasterCard or American Express in U.S. funds are accepted.
If paying by credit card, please provide the following: ☐Visa ☐MasterCard ☐American Express Total to charge: _____
Please note if you are sending in more than one request at this time, it is only necessary to list your credit card information on one form.
The total above should be inclusive of all orders you submit that you wish charged on this credit card.

Card Number: ___ ___ ___ ___ /___ ___ ___ ___ /___ ___ ___ ___ /___ ___ ___ ___ Expires: ___ /___

Cardholder's Name: _____

Daytime Telephone Number (____)_____

Cardholder's Address:
_____

Cardholder's Signature: _____