

Please print or type and complete form in its entirety.

OWNER INFORMATION	Name: _____ Business Name: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone #: _____ Fax #: _____ E-mail : _____

HORSE INFORMATION	<u>Horse Sampled</u>
	Name: _____ Registration #: _____
	Breed: _____ Color: _____
	Gender: _____ Year of Birth: _____ Label #: _____ (Stallion, Mare, etc.)
	<u>Parents of Horse</u>
	Sire's Name: _____ Registration: _____ Breed: _____ Color: _____ Dam's Name: _____ Registration: _____ Breed: _____ Color: _____

TESTING / PAYMENT INFORMATION	<u>Check tests below (\$25.00 each)</u>	Instructions: 1. Send 30-40 mane or tail hairs pulled with roots attached in a plastic zip-lock bag. 2. Label bag with the horse's name as indicated on this form. 3. Include check, money order or credit card information for the appropriate amount. 4. Send samples to the address indicated below. Payment: 1. All tests are \$25.00 each . 2. Visa, MasterCard, Check or Money Order is accepted. 3. Make Check payable to Animal Genetics, Inc. 4. Results will not be made available until payment is received in full. Results: 1. Results are confidential and will only be provided to the person listed above. 2. Results are usually available within 2-4 business days upon sample receipt. 3. Results will be emailed or faxed as soon as they come available and can also be accessed via our web-site. 4. A hard copy will be mailed for each sample showing the results.							
	<input type="checkbox"/> Lethal White Overo <input type="checkbox"/> Red Factor (Chestnut) <input type="checkbox"/> Tobiano <input type="checkbox"/> Agouti (Bay/Black) <input type="checkbox"/> HYPP <input type="checkbox"/> Cream Dilution								
	<u>Payment</u>								
	Amount Enclosed: _____ Check/MO #: _____								
	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Credit Card Information</th> </tr> <tr> <td colspan="2">Print customer name: _____</td> </tr> <tr> <td>Account #: _____</td> <td>Exp: _____</td> </tr> <tr> <td>Signature of Cardholder: _____</td> <td style="text-align: center;"><input type="checkbox"/> Visa <input type="checkbox"/> Master Card</td> </tr> </table>	Credit Card Information		Print customer name: _____		Account #: _____	Exp: _____	Signature of Cardholder: _____	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Credit Card Information									
Print customer name: _____									
Account #: _____	Exp: _____								
Signature of Cardholder: _____	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card								

Results:
Please indicate if you would also like your results to be sent by: E-mail or Fax
If you would like a certificate showing the test results, check here:
Note: A hard copy of the results will be mailed to the address above.
Kits: Please send more sample collection kits: # of individual kits _____.

FOR OFFICE USE ONLY:

Sample #: _____
Date: _____

In the United States:

Animal Genetics, Inc.
1336 Timberlane Road
Tallahassee, FL 32312-1766
www.horsetesting.com

Toll Free 866-922-6436 • 850-386-2973



In Europe:

Animal Genetics UK
P.O. Box 107
Truro, Cornwall
TR1 2YR, U.K
Ph: 44-1872-262737