

Sample #: _____ Date: _____

FOR OFFICE USE ONLY

If **not** submitted by the owner,
please enter account # to be used: _____

Equine Test Submission Form

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

HORSE INFORMATION	Sample Information
	Name: _____ Registration #: _____
	Breed: _____ Color: _____ Gender: _____ Year of Birth: _____

HORSE INFORMATION	Parents of Horse (not required)
	Sire's Name: _____
	Registration: _____ Breed: _____ Color: _____
	Dam's Name: _____ Registration: _____ Breed: _____ Color: _____

TESTING DETAILS	<p>TEST FOR COAT COLOR</p> <input type="checkbox"/> Leopard Print (LP) Appaloosa <input type="checkbox"/> PATN1 <input type="checkbox"/> Tobiano <input type="checkbox"/> Lethal White/Frame Overo (LWO) <input type="checkbox"/> Splash White (SW1, SW2, SW3) <input type="checkbox"/> Sabino1 <input type="checkbox"/> Red/Black Factor <input type="checkbox"/> Agouti (Bay) <input type="checkbox"/> Cream Dilution <input type="checkbox"/> Silver Dilution <input type="checkbox"/> Champagne Dilution <input type="checkbox"/> Pearl Dilution <input type="checkbox"/> DUN <input type="checkbox"/> Gray <input type="checkbox"/> Dominant White (W3, W5, W10, W13, W20) <input type="checkbox"/> Color Panel (\$95.00) <small>Red/Black, Agouti, Cream, Silver, Dun, Pearl, Champagne</small> <input type="checkbox"/> Pattern Panel (\$95.00) <small>Appaloosa, Tobiano, LWO, Splash White, Sabino, PATN1</small> <input type="checkbox"/> Full Color & Pattern Panel (\$150.00)	<p>TEST FOR GENETIC DISORDERS</p> <input type="checkbox"/> Hyperkalemic Periodic Paralysis (HYPP) <input type="checkbox"/> Hereditary Equine Regional Dermal Asthenia (HERDA) <input type="checkbox"/> Polysaccharide Storage Myopathy – Type 1 (PSSM1) <input type="checkbox"/> Malignant Hyperthermia (MH) <input type="checkbox"/> Glycogen Branching Enzyme Deficiency (GBED) <input type="checkbox"/> Junctional Epidermolysis Bullosa (JEB1, JEB2) <input type="checkbox"/> Severe Combined Immunodeficiency (SCID) <input type="checkbox"/> Cerebellar Abiotrophy (CA) <input type="checkbox"/> Lavender Foal Syndrome (LFS) <input type="checkbox"/> Occipitoatlantoaxial Malformation (OAAM1) <input type="checkbox"/> Congenital Stationary Night Blindness (CSNB) <input type="checkbox"/> Warmblood Fragile Foal Syndrome (WFFS) <input type="checkbox"/> Foal Immunodeficiency Syndrome (FIS) <input type="checkbox"/> Hydrocephalus (Friesian Horses) <input type="checkbox"/> Arabian Horse Panel (CA, LFS, OAAM1, SCID) (\$95.00) <input type="checkbox"/> Gypsy Horse Panel (FIS, PSSM1) (\$75.00) <input type="checkbox"/> Warmblood Panel (WFFS, PSSM1, RF, Agouti) (\$75.00) <input type="checkbox"/> Quarter Horse Panel (HYPP, HERDA, GBED, PSSM, MH) (\$95.00)
	<p>ADDITIONAL TESTING</p> <input type="checkbox"/> DNA Profile (ISAG+) <input type="checkbox"/> DMRT3 (Gait)	

ADDITIONAL INFORMATION	Payment Amount: _____ <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Request a PayPal Invoice									
	<input type="checkbox"/> Pre-pay Via PayPal (PayPal@animalgenetics.us) Date Payment Sent: _____ Transaction Number: _____									
	<table border="1"> <tr> <th colspan="3">Credit Card Information</th> </tr> <tr> <td>Print customer name:</td> <td>Account #:</td> <td>Exp. Date:</td> </tr> <tr> <td>Signature of Cardholder:</td> <td>Billing zip code (postal code):</td> <td>3 or 4 digit Security Code #:</td> </tr> </table>	Credit Card Information			Print customer name:	Account #:	Exp. Date:	Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:
	Credit Card Information									
Print customer name:	Account #:	Exp. Date:								
Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:								
Test results and invoices are sent via email as a PDF. Please check here to have results sent via US Mail. <input type="checkbox"/>										

Instructions:
Pull 30-40 mane or tail hairs with roots attached. Place hairs into a plastic zip-lock bag. Only one sample per horse is required to run multiple tests. Label bag with the horse's name as indicated on this form. Include payment information for the appropriate amount and send samples to the address below.

By submitting this form with your sample you agree that Animal Genetics Inc. will not be held accountable for any incidental or consequential damages of any kind. Furthermore, Animal Genetics Inc. retains full ownership of all samples submitted and may choose to use any sample to conduct further testing. Results are available for paid tests only. For future release, Animal Genetics may run additional tests on the sample submitted that are not requested on this form. Access to test results is limited to the individuals listed in account.