

## ARABIAN DNA WAIVER

2720 W. Pullman Road. Moscow, ID 83843 ♦ (208) 882-5578 ♦ www.appaloosa.com ♦ registration@appaloosa.com

This waiver form and a \$30 filing fee (payable to the ApHC) must be returned to: Appaloosa Horse Club, 2720 W. Pullman Road, Moscow, ID 83843. *All stallions by submission of their stallion breeding report for any breeding year must be DNA tested and the results filed with the ApHC.* 

| THE UNDERSIGNED, being the current owner of the horse,   |                                |                  |           |                    |                   |  |
|--|--------------------------------|------------------|-----------|--------------------|-------------------|--|
| authorizes the ARABIAN HORSE ASSOCIA results pertaining to the above-described horse ARABIAN HORSE ASSOCIATION harmle  | currently on file with the ARA | ABIAN HORSE ASSO | CIATION.  | The undersigned ag | grees to hold the |  |
| Owner's Written Signature: X   |                                |                  |           |                    |                   |  |
|  |                                | Membership #:    |           |                    |                   |  |
| Mailing Address:   |                                | City:            |           |                    |                   |  |
| State/Province:  | Count                          | ry:              | Zip/Posta | ıl Code:           |                   |  |
| Day Phone: (   | Ev                             | vening Phone: () | <u>_</u>  |                    |                   |  |
| E-mail Address:  |                                |                  |           |                    |                   |  |
| Applications received without required payment votes and the second votes are considered by the second votes and the second votes are considered by the seco | SA*                            | DIKONER          | (Month)   | CVV #:             |                   |  |
| Signature of Cardholder: X   |                                |                  |           |                    |                   |  |
| Printed Name of Cardholder:  |                                |                  |           |                    |                   |  |
| Mailing Address:   |                                | City:            |           |                    |                   |  |
| State/Province:  | Country:                       | Zip/Postal Code: |           |                    |                   |  |
| Day Phone: (   | Evening Phone: (               |                  |           |                    |                   |  |
| E-mail Address:  |                                |                  |           |                    | Rev 04/2024 JLT   |  |