

E-mail Address:

## GENETIC AND/OR HEALTH TESTING ORDER FORM

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

To obtain a Genetic Test kit, please complete the following information and submit to the ApHC:

## (DO NOT SEND HAIR SAMPLES TO ApHC)

- 1. Registered name, number and breed registry
- 2. If registered with AQHA, JC or AHA, send copy of both sides of the horse's Certificate of Registration
- 3. Select type of test requested from the list on the bottom of this form.

(Any notification of testing results are mailed to the current recorded owner on file with the ApHC)

*If an owner of an ApHC-registered Appaloosa wishes to have HYPP and/or LP t an ApHC Certificate of Registration, the horse must be DNA parentage verified a			
Horse Name:	2		
Registration Number:Breed	Breed Registry:		
If the horse you are ordering genetic testing for is not registered, please compositing Year:	plete the following information:		
Sire's Name:	Reg. number:		
Dam's Name:	Reg. number:		
Make checks payable to Appaloosa Horse Club, U.S. funds, drawn on U.S. bank. assessed an Invoicing Fee. Check the current <i>Official Handbook of the ApHC</i> for			
SELECT TYPE OF GENETIC TESTING: Refer to Official Handbook of ApHC fi mailed to the current recorded owner on file with the ApHC)	for DNA, LP & HYPP rules. (Notification of test results are		
☐ DNA Parent Verification and HYPP Test kit.  (Horse's sire and dam must have their DNA on file with ApHC) *	\$100		
☐ DNA Parent Verification with LP (Leopard Complex) testing.  (Horse's sire and dam must have their DNA on file with ApHC) *	\$100		
☐ DNA Parent Verification Test with HYPP and LP (Leopard Complex) tes (Horse's sire and dam must have their DNA on file with ApHC) *	ting. \$150		
☐ DNA Parent Verification with Health Panel testing.  (Horse's sire and dam must have their DNA on file with ApHC) *	\$175		
☐ DNA Parent Verification with Health Panel & LP (Leopard Complex) tes (Horse's sire and dam must have their DNA on file with ApHC) *	ting \$225		
□ DNA Test kit	\$60		
☐ HYPP Test kit *	\$50*		
☐ LP (Leopard Complex) Test *	\$50*		
☐ Health Panel Testing (includes PSSM1, HERDA, HYPP, MH, GBED & N	MYHM) \$125*		
KIT DELIVERY METHOD: Select <u>ONLY ONE</u> Method of Delivery. (Please Print ☐ E-mail Address:			
Fax Number: () (	Country Code:		
☐ Mail Kit to Address Below: (complete information below if kit is to be	mailed)		
Name:	_ ApHC Membership #:		
Mailing Address:	City:		
State/Province:Country:	Zip/Postal Code:		
Day Phone: () Evening Pho	ne: ()		

Written Signature of Recorded Owner of Hor	se: X		
Printed Name of Recorded Owner:		ApHC Membership #:	
Mailing Address:		City:	
State/Province:	Country: _	Zip/Po	ostal Code:
Day Phone: ()	Even	ing Phone: ()	
E-mail Address:			
Applications received without required pay  Credit Card Number:	ModerCord	OUC. ME	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:			

PLEASE CHECK THE TESTS YOU WISH THIS HORSE TO HAVE FROM THE LIST ON THE REVERSE SIDE OF THIS FORM.

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