



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, _____, Registration #: _____, hereby authorizes the **ARABIAN HORSE ASSOCIATION** to release to the registrar of the **APPALOOSA HORSE CLUB** of Moscow, Idaho, DNA test results pertaining to the above-described horse currently on file with the **ARABIAN HORSE ASSOCIATION**. The undersigned agrees to hold the **ARABIAN HORSE ASSOCIATION** harmless from any suits, claims or causes of action in connection with the release of said data.

Owner's Written Signature: X _____

Printed Name of Owner: (please print): _____ Membership #: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

CREDIT CARD CHARGES: Starting January 1, 2019 Appaloosa Horse Club will implement a credit card surcharge
Applications received without required payment will be assessed an Invoicing Fee



Credit Card Number: _____ Expiration Date: _____ CVV #: _____
(PLEASE INCLUDE 16 DIGIT RAISED NUMBERS) (Month) (Year)

Signature of Cardholder: X _____

Printed Name of Cardholder: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____