



ARABIAN DNA WAIVER

PO Box 82519, Oklahoma City, OK 73148 ♦ (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, PO Box 82519, Oklahoma City, OK 73148.
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: _____