



American Paint Horse Association

2800 Meacham Blvd
Fort Worth , Texas 76137
(817) 834-2742

For Office Use Only	
Date Received:	_____
W.O. #:	_____
Charge CCD	_____
Initials	_____

DNA HAIR KIT ORDER FORM

Please complete form in its entirety.

_____ Please check if you need a Parentage Verification for Racing,
Embryo Transfer, Cooled Shipped Semen or Cropout Foals.
(If the horse is unregistered the Registration Application must accompany this form.)

Name and Registration Number of Horse(s):

_____	_____
_____	_____
_____	_____

Owner's APHA ID #: _____

Daytime Telephone Number: _____

Name and Address where DNA Hair Kit is to be mailed:

***** The fee of \$60 per horse. This fee covers the cost of the kit, as well as the laboratory and recording fees.

***** If you wish to have a copy of the DNA test results sent to another organization, please include a written request, signed by the owner of record or the authorized agent.

***** For additional information concerning DNA testing requirements, Please see the reverse side of this form.

If paying by Visa or Master Card, please provide the following:

Card Number: _____

Expiration Date: _____ Daytime Phone number: _____

Card Holder's Name: _____

Card Holder's Signature: _____