


Sample #: _____ Date: _____
FOR OFFICE USE ONLY

Equine Test Submission Form

OWNER INFORMATION	Name: _____ Business Name: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____ Country: _____
	Phone #: _____ Fax #: _____ E-mail: _____

HORSE INFORMATION	Sample Information
	Name: _____ Registration #: _____
	Breed: _____ Color: _____
	Gender: _____ Year of Birth: _____
	Parents of Horse (not required)
Sire's Name: _____	
Registration: _____ Breed: _____ Color: _____	
Dam's Name: _____	
Registration: _____ Breed: _____ Color: _____	

TESTING DETAILS	<p><u>EQUINE COAT COLOR</u></p> <input type="checkbox"/> Appaloosa (LP) <input type="checkbox"/> Tobiano <input type="checkbox"/> Lethal White/Frame Overo (LWO) <input type="checkbox"/> Splash White (SW1, SW2, SW3) <input type="checkbox"/> Sabino1 <input type="checkbox"/> Red/Black Factor <input type="checkbox"/> Agouti (Bay) <input type="checkbox"/> Cream Dilution <input type="checkbox"/> Silver Dilution <input type="checkbox"/> Champagne Dilution <input type="checkbox"/> Pearl Dilution <input type="checkbox"/> Gray <input type="checkbox"/> Dominant White (W5, W10) <input type="checkbox"/> Color Panel (\$95.00) <small>Red/Black, Agouti, Cream, Silver, Pearl, Champagne</small> <input type="checkbox"/> Pattern Panel (\$95.00) <small>Appaloosa, Tobiano, LWO, Splash White, Sabino</small>	<p><u>EQUINE GENETIC DISORDERS</u></p> <input type="checkbox"/> Hyperkalemic Periodic Paralysis (HYPP) <input type="checkbox"/> Hereditary Equine Regional Dermal Asthenia (HERDA) <input type="checkbox"/> Polysaccharide Storage Myopathy – Type 1 (PSSM1) <input type="checkbox"/> Malignant Hyperthermia (MH) <input type="checkbox"/> Glycogen Branching Enzyme Deficiency (GBED) <input type="checkbox"/> Junctional Epidermolysis Bullosa (JEB1, JEB2) <input type="checkbox"/> Severe Combined Immunodeficiency Disease (SCID) <input type="checkbox"/> Lavender Foal Syndrome (LFS) <input type="checkbox"/> Cerebellar Abiotrophy (CA) <input type="checkbox"/> Congenital Stationary Night Blindness (CSNB) <input type="checkbox"/> Combination Panel (SCID, LFS, CA) (\$125.00) <input type="checkbox"/> Combination Panel (HYPP, HERDA, GBED, PSSM, MH) (\$95.00)
	<p><u>EQUINE TYPING PROFILE</u></p> <input type="checkbox"/> Individual DNA Profile (ISAG profile) <input type="checkbox"/> Parentage Verification Foal _____ Mare _____ Sire 1 _____ Sire 2 _____	

ADDITIONAL INFORMATION	<p>Payment Amount: _____ <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Request a PayPal Invoice <input type="checkbox"/> Pre-pay Via PayPal (PayPal@animalgenetics.us) Date Payment Sent: _____ Transaction Number: _____</p>						
	<p>Credit Card Information </p> <table border="1"> <tr> <td>Print customer name:</td> <td>Account #:</td> <td>Exp. Date:</td> </tr> <tr> <td>Signature of Cardholder:</td> <td>Billing zip code (postal code):</td> <td>3 or 4 digit Security Code #:</td> </tr> </table>	Print customer name:	Account #:	Exp. Date:	Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:
	Print customer name:	Account #:	Exp. Date:				
	Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:				
<p>Test results and invoices are sent via email as a PDF. Please check here to have results sent via US Mail. <input type="checkbox"/></p>							

Instructions:
 Pull 30-40 mane or tail hairs with roots attached. Place hairs into a plastic zip-lock bag. Only one sample per horse is required to run multiple tests. Label bag with the horse's name as indicated on this form. Include payment information for the appropriate amount and send samples to the address below.

By submitting this form with your sample you agree that Animal Genetics Inc. will not be held accountable for any incidental or consequential damages of any kind. Furthermore, Animal Genetics Inc. retains full ownership of the sample submitted.