



GENETIC 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:

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.

***If an owner of an ApHC-registered Appaloosa wishes to have HYPP and/or LP test results retained in ApHC records and/or designated on an ApHC Certificate of Registration, the horse must be DNA parentage verified and HYPP and/or LP tested using the same hair sample.**

Horse Name: _____

Registration Number: _____ Breed Registry: _____

If the horse you are ordering genetic testing for is not registered, please complete the following information:

Foaling Year: _____

Sire's Name: _____ Reg. number: _____

Dam's Name: _____ Reg. number: _____

Fees subject to change -- Make checks payable to Appaloosa Horse Club, U.S. funds, drawn on U.S. bank. Applications received without required payment will be assessed an Invoicing Fee. Check the current Official Handbook of the ApHC for current fees.

SELECT TYPE OF GENETIC TESTING: (Fees subject to change without notice.)

- DNA Parent Verification and HYPP Test kit. \$100
(Horse's sire and dam must have their DNA on file with ApHC) *
- DNA Parent Verification with LP (Leopard Complex) testing. \$100
(Horse's sire and dam must have their DNA on file with ApHC) *
- DNA Parent Verification Test with HYPP and LP (Leopard Complex) testing. \$150
(Horse's sire and dam must have their DNA on file with ApHC) *
- DNA Parent Verification with 5-Panel & LP (Leopard Complex) testing \$225
(Horse's sire and dam must have their DNA on file with ApHC) *
- DNA Test kit Only \$60
- HYPP Test kit Only* \$50*
- LP (Leopard Complex) Test Only * \$50*
- 5-Panel Testing (includes PSSM1, HERDA, HYPP, MH & GBED* \$125*

*** Refer to Official Handbook of ApHC for DNA, LP & HYPP rules.**

DELIVERY METHOD: Please Check ONLY One 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 Phone: (____) _____ - _____

E-mail Address: _____ @ _____

If you would like to pay by credit card, please complete the following information:



Credit Card Number: _____ - _____ - _____ Exp. Date: ____ / ____ / ____ CVV #: ____
(PLEASE INCLUDE 16 DIGIT RAISED NUMBERS) (Month) (Year)

Written Signature of Cardholder: X _____

Printed Name of Cardholder: _____ ApHC Membership #: _____

Mailing Address: _____ City: _____

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

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

E-mail Address: _____ @ _____