



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

Signature of Recorded Owner or Authorized Agent: X _____

Printed Name of Owner: _____

Mailing Address: _____ City: _____

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

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

E-mail Address: _____

Fees subject to change -- Make checks or money orders payable to Appaloosa Horse Club, U.S. funds, drawn on U.S. bank. If you wish to pay by credit card, please provide credit card information below. Applications received without required payment will be assessed an Invoicing Fee. Check the current Official Handbook of the ApHC for current fees.

CREDIT CARD CHARGES:



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

Written Signature of Cardholder: X _____

Name of Cardholder (please print): _____ Membership #: _____

Mailing Address: _____ City: _____

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

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

E-mail Address: _____