



Request for Genetic Testing Kit

*1 Form Per Horse

DATE OF REQUEST: _____

Horse: _____ Registration #: _____

Owner(s): _____ M/Ship #: _____

Contact Ph #: _____ Email: _____

Address to send kit to: _____

City: _____ State: _____ P/Code: _____

I/We request the following:

DNA /Parent Verification Test \$80.00

Single Genetic Screening Test – *Please Tick* \$65.00

HYPP HERDA PSSM1 GBED MH

3 Test Genetic Screening Package \$90.00

- *Pack includes PSSM1/GBED/MH*

5 Test Genetic Screening Package \$110.00

- *Pack includes HYPP/HERDA/PSSM1/GBED/MH*

Coat Colour Screening Tests \$55.00

- *Contact Office for full list of available Colour Test*

Buffy Coat Activation – **Contact Office for Further Information**

MASTERCARD / VISA (A surcharge of 2% will apply to credit card transactions)

Card Number: _____ / _____ / _____

Expires: _____ / _____ CCV _____

Card Holder Name: _____ Signature: _____

DIRECT DEPOSIT DETAILS: BSB: 082-842 Acct #: 123061348

Transaction Number: _____ Copy of Receipt must be supplied with form.

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