

Sample #: _____ Date: _____

FOR OFFICE USE ONLY

If **not** submitted by the owner,
please enter account # to be used: _____

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: _____ |

| | |
|--------------------------|--|
| HORSE INFORMATION | Parents of Horse (not required) |
| | Sire's Name: _____ |
| | Registration: _____ Breed: _____ Color: _____ |
| | Dam's Name: _____ Registration: _____ Breed: _____ Color: _____ |

| | | |
|------------------------|--|---|
| TESTING DETAILS | <p>TEST FOR COAT COLOR</p> <input type="checkbox"/> Leopard Print (LP) Appaloosa <input type="checkbox"/> Pattern 1 (PATN1) <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"/> DUN (40.00) <input type="checkbox"/> Gray <input type="checkbox"/> Dominant White (W3, W5, W10, W20) <input type="checkbox"/> Color Panel (\$95.00) <small>Red/Black, Agouti, Cream, Silver, Pearl, Champagne, Dun</small> <input type="checkbox"/> Pattern Panel (\$95.00) <small>Appaloosa (LP), Tobiano, LWO, Splash White, Sabino, PATN1</small> <input type="checkbox"/> Color & Pattern Panel (\$150.00) | <p>TEST FOR GENETIC DISORDERS</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 (SCID) <input type="checkbox"/> Cerebellar Abiotrophy (CA) <input type="checkbox"/> Lavender Foal Syndrome (LFS) <input type="checkbox"/> Congenital Stationary Night Blindness (CSNB) <input type="checkbox"/> Warmblood Fragile Foal Syndrome (WFFS) <input type="checkbox"/> Fatal Foal Immunodeficiency (FIS) <input type="checkbox"/> Hydrocephalus in Friesian Horses <input type="checkbox"/> Hoof Wall Separation Disease (HWSD) <input type="checkbox"/> Arabian Horse Panel (SCID, CA, LF) (\$125.00) <input type="checkbox"/> Arabian Horse Panel (SCID, CA, LF, Gray, Red/Black, Agouti) (\$155.00) <input type="checkbox"/> Horse Panel (FIS, PSSM1) (\$75.00) <input type="checkbox"/> Quarter Horse Panel (HYPP, HERDA, GBED, PSSM, MH) (\$95.00) |
| | <p>TEST FOR DNA PROFILE AND TRAITS</p> <input type="checkbox"/> DNA Profile (ISAG+) <input type="checkbox"/> Gait | |

| ADDITIONAL INFORMATION | 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: _____ | | | | | | | | | |
| | <table border="1"> <tr> <th colspan="3">Credit Card Information</th> </tr> <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> | Credit Card Information | | | Print customer name: | Account #: | Exp. Date: | Signature of Cardholder: | Billing zip code (postal code): | 3 or 4 digit Security Code #: |
| | Credit Card Information | | | | | | | | | |
| Print customer name: | Account #: | Exp. Date: | | | | | | | | |
| Signature of Cardholder: | Billing zip code (postal code): | 3 or 4 digit Security Code #: | | | | | | | | |
| Test results and invoices are sent via email as a PDF. Please check here to have results sent via US Mail. <input type="checkbox"/> | | | | | | | | | | |

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. All test results are confidential. Access to test results is limited to the individuals listed on the account.