

Send kits by:  Post  Email

Name of Member applying for tests: ..... AQHA M/Ship #: .....

Phone: ..... Email: .....

Name of Horse:..... Reg. #: .....

Sire: ..... Reg. #: .....

Dam: ..... Reg. #: .....

Please indicate the Genetic and/or Colour Test kits required:

- |   |  |
|---|--|
| <input type="checkbox"/> DNA \$110                                | <input type="checkbox"/> Red Factor/Extension \$55 |
| <input type="checkbox"/> HERDA \$55                               | <input type="checkbox"/> Agouti \$55               |
| <input type="checkbox"/> OLWS \$90                                | <input type="checkbox"/> Cream Dilution \$55       |
| <input type="checkbox"/> HYPP \$60                                | <input type="checkbox"/> Grey \$55                 |
| <input type="checkbox"/> 5 PANEL (OLWS/HERDA/PSSM1/MH/GBED) \$110 | <input type="checkbox"/> Dun \$55                  |

Please note that the AQHA will only record the results from Genetic tests that are required by the Association on the horse's registration certificate and the horse's record. \*See current schedule of fees for updated costs

I, the member mentioned above, hereby declare that the details provided on this request are true and correct.

Signature of Member: ..... Date: .....

**Direct Deposit** - WESTPAC BSB: 032 621 Account: 119369 Reference: AQHA Membership#

**Cheque** – made payable to the AQHA and posted to: Po Box 979 Tamworth 2340

**Name on Credit Card:** ..... MASTERCARD OR VISA only

Credit Card#: ...../...../...../..... Expiry Date: ...../..... Amount: .....

I hereby authorise the AQHA to deduct the above amount plus applicable surcharge from my credit card,

Signature of Card Holder: ..... Date: .....