

Equine Test Submission Form

OWNER INFORMATION	Name: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____ Phone #: _____ Fax #: _____ E-mail: _____									
	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: _____									
	TEST FOR COAT COLOR ☐ Leopard Print (LP) Appaloosa ☐ PATN1 ☐ Tobiano ☐ Lethal White/Frame Overo (LWO) ☐ Splash White (SW1, SW2, SW3) ☐ Sabino1 ☐ Red/Black Factor ☐ Agouti (Bay) ☐ Cream Dilution ☐ Mushroom Dilution ☐ Silver Dilution ☐ Champagne Dilution ☐ Pearl Dilution ☐ DUN/primitive markings ☐ Gray ☐ Dominant White (W3, W5, W10, W13, W20) ☐ Color Panel (\$75.00) Red/Black, Agouti, Cream, Silver, Dun, Pearl, Champagne, Mushroom ☐ Pattern Panel (\$75.00) Appaloosa, Tobiano, LWO, Splash White, Sabino, PATN1 ☐ Full Color & Pattern Panel (\$85.00)	TEST FOR GENETIC DISORDERS ☐ Hyperkalemic Periodic Paralysis (HYPP) ☐ Hereditary Equine Regional Dermal Asthenia (HERDA) ☐ Polysaccharide Storage Myopathy – Type 1 (PSSM1) ☐ Malignant Hyperthermia (MH) ☐ Glycogen Branching Enzyme Deficiency (GBED) ☐ Immune Mediated Myositis (IMM) ☐ Junctional Epidermolysis Bullosa (JEB1, JEB2) ☐ Severe Combined Immunodeficiency (SCID) ☐ Cerebellar Abiotrophy (CA) ☐ Lavender Foal Syndrome (LFS) ☐ Occipitoatlantoaxial Malformation (OAAM1) ☐ Congenital Stationary Night Blindness (CSNB) ☐ Warmblood Fragile Foal Syndrome (WFFS) ☐ Foal Immunodeficiency Syndrome (FIS) ☐ Hydrocephalus (Friesian Horses) ☐ Arabian Horse Panel (CA, LFS, OAAM1, SCID) (\$75.00) ☐ Gypsy Horse Panel (FIS, PSSM1) (\$75.00) ☐ Warmblood Panel (WFFS, PSSM1, RF, Agouti) (\$75.00) ☐ Quarter Horse Panel (HYPP, HERDA, GBED, PSSM, MH, IMM) (\$75.00) ☐ Complete Panel (Color, Pattern & Disorder) (\$99.00) ADDITIONAL TESTING ☐ DNA Profile (ISAG+) ☐ DMRT3 (Gait) ☐ Speed/Distance								
TESTING DETAILS	Payment Amount: _____ ☐ Check# _____ ☐ Money Order ☐ Credit Card ☐ Request a PayPal Invoice ☐ 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):
Credit Card Information										
Print customer name:	Account #:	Exp. Date:								
Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #:								
ADDITIONAL INFORMATION	Test results and invoices are sent via email as a PDF. Please check here to have results sent via US Mail. ☐									
	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 all samples submitted and may choose to use any sample to conduct further testing. Results are available for paid tests only. For future release, Animal Genetics may run additional tests on the sample submitted that are not requested on this form. Access to test results is limited to the individuals listed in account.									