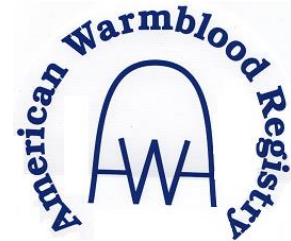




American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 321301
Tel (561) 693-5516 • Fax (775) 667-0516
www.americanwarmblood.com
info@americanwarmblood.com



REQUEST FOR DNA COMPARISON TEST

NAME OF OWNER: _____

FARM NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

E-MAIL: _____ WEBSITE: _____

PHONE: _____ CELL: _____ FAX: _____

FOR PROPER IDENTIFICATION OF THE HORSE DESCRIBED HEREINAFTER, I REQUEST THAT A DNA COMPARISON TEST BE DONE. (Please provide any information available.)

NAME: _____ DOB/YOB: _____ SEX: _____

COLOR: _____ MARKINGS: _____ BRAND: YES / NO

REASON FOR THIS REQUEST (please mark as applicable):

- The previous owner did not provide any information on the horse other than it being an American Warmblood.
- The horse was bought at an auction and no papers were handed over.
- The horse was rescued.
- Other: _____

For DNA Comparison Test Fees Please Contact the Office.

Payment method: _____ Check (enclosed) _____ Money Order (enclosed) _____ VISA _____ M/C
(circle one)

Credit Card Number: _____

Expiration Date: _____ / _____ 3-digit security code: _____

Name as it appears on card (please print clearly): _____

Signature/Date: _____ / _____

ALL FEES MUST BE PAID IN US DOLLARS ~ ALL FEES ARE NON-REFUNDABLE~
(Canadian memberships/orders must be paid for by VISA or MasterCard)