



American Warmblood Registry

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Order Form for Warmblood Fragile Foal Syndrome Type 1 Test

NAME OF HORSE OWNER: _____ AWR MEMBER: AWR _____
Non-member pays double.

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

E-MAIL: _____ WEBSITE: _____

PHONE: _____ CELL: _____ FAX: _____

I herewith order one WFFS Test for my horse.

REGISTERED NAME: _____

REG # : _____ MICROCHIP # _____

DATE OF BIRTH: _____

My horse has already been DNA typed at UC Davis through AWR. Please use the available material for WFFS testing (**fee is \$40.00**).

Note: The WFFS test can also be carried out in the course of DNA typing/parentage verification when a new horse is registered (add **\$35.00** to DNA typing charges)..

Payment Information

_____ Check (enclosed) _____ Money Order (enclosed) _____ VISA _____ M/C

Credit Card Number: _____

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

Name as it appears on the card: _____

Date/Signature: _____ / _____